



STATE OF TENNESSEE
 DEPARTMENT OF COMMERCE AND INSURANCE
 TENNESSEE HEALTH CLUB REGISTRATION
 500 JAMES ROBERTSON PARKWAY
 NASHVILLE, TENNESSEE 37243
 615-741-1831

COMPLAINT FORM

DATE _____

(Complainant)	V	(Respondent)
(Street Address)		(Street Address)
(City, State, Zip)		(City, State, Zip)
(Home Telephone Number)		(Telephone Number)

Please provide the following information to enable our investigator to contact you concerning your complaint, if a personal interview becomes necessary.

Name of Your Employer _____

Employer's Address _____
 (Street Address) (City, State, Zip)

Your Business Phone _____

NOTE: Pursuant to TCA Title 47, Chapter 18, the Tennessee Consumer Protection Act, you may want to file a complaint with the Division of Consumer Affairs, 5th Floor, 500 James Robertson Parkway, Nashville, Tennessee 37243. (615-741-4737) or (800-342-8385)

