



# County of Bucks

DEPARTMENT OF CONSUMER PROTECTION / WEIGHTS & MEASURES

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*County Commissioners*

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*Director/Chief Sealer*

## **UNLAWFUL MASSAGE BUSINESS REPORT/ COMPLAINT FORM**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail/Website: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY WITH A YES (Y) OR No (N):**

**In reference to the business in question;**

1. Is there a waiting room?
2. Are you asked to fill out a questionnaire related to your health concerns and or your preferences for massage treatment?
3. Is the business regularly locked during the day?
4. Have you seen online reviews which advertise or review the business that engages in sex acts for money?
5. Is there a shower in the same room as the massage table?
6. Are you asked to disrobe entirely?
7. Does the business require customers to call and book an appointment?
8. Does the business accept walk-ins?
9. Are there windows to the outside?
10. Is the exam room dimly lit?
11. Is the business open after 10:00 p.m.?
12. Is there someone working at a front desk?
13. Is there a manager on duty?
14. Does the business accept credit cards?
15. Have you been solicited for a sex act for money in the business?

Please briefly describe any other concerns you may have with the business?

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Are you willing to be contacted in reference to this information?

If so please provide your name, phone number, and/or e-mail:

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