

## **Complaint Form**

**This form is used by the College of Massage Therapists of Newfoundland and Labrador to register complaints. It must be completed and signed by the complainant or his or her lawyer and sent to:**

Registrar  
College of Massage Therapists of Newfoundland and Labrador  
P.O. Box 23204, Churchill Square RPO  
St. John's, NL  
A1B 4J9

### **A. Person Registering Complaint**

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

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

Phone number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Email address: \_\_\_\_\_

If you are not the client, please complete Section B.

If you are the client, please proceed to Section C.

### **B. Client Information**

Client's name: \_\_\_\_\_

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

Phone number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Your relationship to client: \_\_\_\_\_

Please note that if you are making a complaint on behalf of a client, consent from the client or the client's legal representative to release medical information will be requested.

**C. Message Therapist about whom you are registering a complaint:**

Name of therapist: \_\_\_\_\_  
Business address: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**D. Details of Complaint:**

Dates of treatment: \_\_\_\_\_

Specific concerns about treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information you wish to provide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your signature: \_\_\_\_\_

or signature of lawyer: \_\_\_\_\_

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