



### Complaint Form

To file a complaint, please complete the attached form and submit it to the College by mail or fax. Please print on all sections. A representative from the College may contact you to verify the details of your complaint.

<b>(A) Person Registering Complaint</b> <i>(an acknowledgement of your complaint will be mailed to you)</i>		
Name:		
Address:		
City:	Province:	Postal Code:
Phone Number – Home: (     )	Phone Number – Work: (     )	
Email Address (optional):		

**As part of our process, details of your complaint (including your name) will be forwarded to the Registered Massage Therapist you are complaining about.**

If you are not the client, please describe your relationship to the client and provide details about the client below. If you are the client, please proceed to section (C).

<b>(B) Client Information (attach additional pages if there is more than one client)</b>		
Name:		
Address:		
City:	Province:	Postal Code:
Phone Number – Home: (     )	Phone Number – Work: (     )	

Relationship to the 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.*

<b>(C) Registered Massage Therapist You Are Complaining About</b> <i>(please provide as much detail as possible to help us identify the Registered Massage Therapist)</i>		
Name:	Registration #	
Address:		
City:	Province:	Postal Code:
Phone Number – Primary: (     )		Phone Number – Additional: (     )
Email Address:		

Dates of Treatment(s)(If known)	
Location of Treatment(s)	

Concerns	
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Additional Information, if necessary.	
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**By signing this form, I understand that I am filing a formal complaint against a Massage Therapists**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please print and send the completed form to:**  
Registrar c/o Complaints Authorization Committee  
College of Massage Therapists of Newfoundland  
40-114 Commonwealth Avenue  
Mt. Pearl, NL A1N 1W6  
Email: [registrar@cmtnl.ca](mailto:registrar@cmtnl.ca) Fax: 709-739-7182