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.

(A) Person Registering Complaint *(an acknowledgement of your complaint will be mailed to you)*
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) Client Information *(attach additional pages if there is more than one client)*
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.

(C) Registered Massage Therapist You Are Complaining About
(please provide as much detail as possible to help us identify the Registered Massage Therapist)
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	
Additional Information, if necessary.	

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   Fax: 709-739-7182