

# CMTNL Complaint Form

College of Massage Therapists of Newfoundland and Labrador

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

<b>Section A: Person Registering Complaint</b> <i>(an acknowledgement of your complaint will be mailed to you)</i>	
First Name	
Last Name	
Address <i>street, city, postal code</i>	
Phone Number	
Email Address	

***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>Section B: Client Information</b> <i>(attach additional pages if there is more than one client)</i>	
First Name	
Last Name	
Address <i>street, city, postal code</i>	
Phone Number	
Email Address	
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.*

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PO Box 50002, Paradise RPO  
Topsail, NL, A1L 0J2  
Website: [www.cmtnl.ca](http://www.cmtnl.ca)



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Email: [registrar@cmtnl.ca](mailto:registrar@cmtnl.ca)  
Phone: 709-739-7181  
Fax: 709-739-7181

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## Section C: Registered Massage Therapist You Are Complaining About

*(please provide as much detail as possible to help us identify the Registered Massage Therapist)*

First Name	
Last Name	
Registration #	
Clinic Address <i>street, city, postal code</i>	
Phone Number	
Email Address	
Dates of Treatment <i>(if known)</i>	
Location of Treatment(s)	

**Please identify any concerns you have regarding the Massage Therapist and/or the treatment(s) received.**

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**Please include any additional information you feel would like to be included within your complaint.**

By signing this form, I understand that I am filing a formal complaint against a Massage Therapist. As part of the complaint process, details of my complaint (including my name) will be forwarded to the Registered Massage Therapist that I am complaining about.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form can be submitted via mail (address below), email [registrar@cmtnl.ca](mailto:registrar@cmtnl.ca) or fax (number below)

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Website: [www.cmtnl.ca](http://www.cmtnl.ca)



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