



Complaint form

To be completed in block letters

1. Complainant		
First name : _____	Last name : _____	
Home address _____		
City _____	Province _____	Postal code _____
Home phone (____) _____ - _____	Work phone (____) _____ - _____	Other phone (____) _____ - _____

2. Massage therapist concerned		
First name : _____	Last name : _____	
Home address _____		
City _____	Province _____	Postal code _____
Home phone (____) _____ - _____	Work phone (____) _____ - _____	Other phone (____) _____ - _____

3. Any other relevant information about the massage therapist



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5. Place and date of the treatment for which the complaint is being filed

Address

City

Province

Postal code

Date : / /

6. If the complaint concerns more than one treatment, please indicate the places and dates

7. What was the nature of the consultation?

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8. What massage techniques were used during the treatment?

9. Since when have you known the massage therapist?

Date : / /

OR

Approximately : /

10. What is the relationship between the massage therapist and you?

11. How did you hear about the massage therapist?

Referral

Advertisement

Personal research

12. Have you ever had massage therapy treatments before?

No

Yes

What massage techniques were used?

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13. Are there any witnesses who can corroborate what you say?

If so, do you authorize us to contact them?

Yes

No

First name : _____

Last name : _____

Membership number : _____

Address

City Province Postal code

Home phone

Work phone

Other phone

(____) ____ - ____

(____) ____ - ____

(____) ____ - ____

First name : _____

Last name : _____

Membership number : _____

Address

City Province Postal code

Home phone

Work phone

Other phone

(____) ____ - ____

(____) ____ - ____

(____) ____ - ____



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14. What method of payment did you use for the consultation?

Cash

Credit card

Debit card

15. Did you keep the receipts?

Yes (please provide photocopies)

No

Please explain why not :

16. Did you file a complaint with the police?

Yes

No

Please explain why not :



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Statutory declaration

I, the undersigned _____

(occupation) _____

residing at _____

declare that all the above statements and the documents provided are complete and true to the best of my knowledge.

And I have signed,

This section must be completed by a Commissioner for Oaths

Solemnly declared before me in _____

province of _____

on this _____ day of _____ 20 _____.

Commissioner for Oaths