Complaint form

It is important that you complete the complaint form and verify that the massage therapist is a member of the AMQ® so that the association begins an official procedure. For this purpose, the form :

- Can be completed by hand or on the computer;
- On the last page, it must be sworn in by a Commissioner of Oaths for legal reasons;
- Must be accompanied by any proof related to the complaint (ex.: receipt, photo, email, etc.);
- Must be sent by mail to the AMQ® head office, at 2229, Boulevard Louis-XIV Québec, QC G1C 1A1.

1. COMPLAINANT

First name :

Last name :

Home address :

Home phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ **Ext. :** ☐☐☐☐☐

Work phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ **Ext. :** ☐☐☐☐☐

Other phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ **Ext. :** ☐☐☐☐☐

2. MASSAGE THERAPIST CONCERNED

First name :

Last name :

Membership number : ☐☐ - ☐☐☐☐

Work address :

Home phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ **Ext. :** ☐☐☐☐☐

Work phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ **Ext. :** ☐☐☐☐☐

Other phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ **Ext. :** ☐☐☐☐☐

Association des Massothérapeutes du Québec - AMQ®
2229, Boulevard Louis XIV, Québec (Québec) G1C 1A1
Telephone : 418-663-0168
Toll-free : 1-866-663-0168
E-mail : info@amquebec.qc.ca
Website : www.amquebec.qc.ca/en

3. ANY OTHER RELEVANT INFORMATION ABOUT THE MASSAGE THERAPIST

4. REASON FOR THE COMPLAINT

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2229, Boulevard Louis XIV, Québec (Québec) G1C 1A1
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Complaint form

4. REASON FOR THE COMPLAINT (CONTINUED)

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2229, Boulevard Louis XIV, Québec (Québec) G1C 1A1
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Website : www.amquebec.qc.ca/en

Complaint form

5. PLACE AND DATE OF THE TREATMENT FOR WHICH THE COMPLAINT IS BEING FILED

Address :

Date : D D / M M / Y Y Y Y

6. IF THE COMPLAINT CONCERNS MORE THAN ONE TREATMENT, PLEASE INDICATE THE PLACES AND DATES

Address :

Date : D D / M M / Y Y Y Y

Address :

Date : D D / M M / Y Y Y Y

Address :

Date : D D / M M / Y Y Y Y

7. WHAT WAS THE NATURE OF THE CONSULTATION?

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Complaint form

8. WHAT MASSAGE TECHNIQUES WERE USED DURING THE TREATMENT?

9. SINCE WHEN HAVE YOU KNOWN THE MASSAGE THERAPIST?

- ☐ **Date :** D D / M M / Y Y Y Y
- ☐ **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 :

Address :

Home phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext. : ☐☐☐☐☐

Work phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext. : ☐☐☐☐☐

Other phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext. : ☐☐☐☐☐

First name :

Last name :

Address :

Home phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext. : ☐☐☐☐☐

Work phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext. : ☐☐☐☐☐

Other phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext. : ☐☐☐☐☐

First name :

Last name :

Address :

Home phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext. : ☐☐☐☐☐

Work phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext. : ☐☐☐☐☐

Other phone : ☐ - ☐☐☐ - ☐☐☐ - ☐☐☐☐ Ext. : ☐☐☐☐☐

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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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17. ANY OTHER RELEVANT INFORMATION REGARDING THE COMPLAINT

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18. 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,

_____

19. 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

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