



Association  
Nationale des  
Massothérapeutes

National  
Association of  
Massotherapists

## **COMPLAINT AGAINST AN ASSOCIATION MEMBER**

If you have a complaint or are dissatisfied with the services of a member of the National Association of Massotherapist (NAM), fill out this form and send it to the NAM Discipline Committee.

Make sure to send the signed, dated form to our offices by registered mail or email and to provide us with your contact information.

We also suggest you start by contacting your therapist in writing to get their views on the subject of this complaint. It's best to use registered mail when doing so, as this will provide proof of receipt. If you feel contacting your therapist is not possible for you, please continue and fill out this form.

### **COMPLAINANT'S PERSONAL INFORMATION**

Last name: \_\_\_\_\_ First name : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred language (s): \_\_\_\_\_

Cell. # (\_\_\_\_): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**If you are filling out this form for another person, fill out the section below, specifying your relationship to the person who received the services that this complaint concerns. Also specify the reason why the complainant cannot submit the complaint by themselves.**

RELATIONSHIP TO THE COMPLAINANT \_\_\_\_\_

Reason for need of another person filling the form: \_\_\_\_\_

Last name: \_\_\_\_\_ First name : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Preferred language (s): \_\_\_\_\_

Cell. # (\_\_\_\_): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_



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### ASSOCIATION MEMBER SUBJECT OF THE COMPLAINT

Last name: \_\_\_\_\_ First name : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell. # (\_\_\_\_): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### CONSULTATION DATES

_____	_____
_____	_____
_____	_____

### WHAT IS THE REASON FOR YOUR COMPLAINT?

For example, the services received, failure to meet expectations, monetary dispute.  
(If you need more room to describe your complaint, please attach an extra sheet of paper.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WHAT DO YOU BELIEVE IS THE BEST SOLUTION TO THIS DISPUTE? Please describe.

\_\_\_\_\_

\_\_\_\_\_

### WHO HAVE YOU CONTACTED REGARDING YOUR COMPLAINT? (therapist, association, lawyer, etc.).

\_\_\_\_\_

Please attach a copy of any other document(s) related to this complaint that may be helpful in resolving it (receipts, proposals, suggestions, contracts, reports, etc.).

Date: \_\_\_\_\_ Signature: \_\_\_\_\_