

AMQ[®]

Association des
Massothérapeutes
du Québec

**Association des Massothérapeutes du Québec AMQ[®]
2229, boulevard Louis-XIV Québec QC G1C 1A1**

Complaint Form

(Please use block letters)

1. Complainant

First name: _____ Surname: _____

Address: _____

Tel. no. (home): ____/____/____ Tel. no. (office): ____/____/____ Other: ____/____/____

2. Massage therapist concerned

First name: _____ Surname: _____

Address: _____

Tel. no. (home): ____/____/____ Tel. no. (office): ____/____/____

3. Any other relevant information about the massage therapist

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

Address: _____

Date: _____ / _____ / _____
 day month year

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

7. What was the nature of the consultation?

8. What massage techniques were used during the treatment?

9. Since when have you known the massage therapist?

Date: _____ / _____ / _____ or approximately: _____ / _____
 day month year year month

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

11. How did you hear about the massage therapist?

Referral:
Advertisement:
Personal research:
Other: _____

12. Have you ever had massage therapy treatments before?

No:
Yes: What massage techniques were used?

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

If so, do you authorize us to contact them?

Yes No:

First name: _____ Surname: _____

Membership number: _____

Address: _____

Tel. no. (home): ___ / ___ / ___ Tel. no. (office): ___ / ___ / ___

First name: _____ Surname: _____

Membership number: _____

Address: _____

Tel. no. (home): ___ / ___ / ___ Tel. no. (office): ___ / ___ / ___

First name: _____ Surname: _____

Membership number: _____

Address: _____

Tel. no. (home): ___ / ___ / ___ Tel. no. (office): ___ / ___ / ___

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

Cash:

Credit card:

Debit card:

Other: _____

15. Did you keep the receipt(s)?

Yes: Please provide a photocopy(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