

## massage australia complaints submission form

Massage Australia takes your complaint seriously and all complaints will be investigated according to the Massage Australia complaints policy. It is important to note that often the process takes time to complete depending on the complexity of the complaint.

### To begin a formal inquiry into your complaint, please:

1. Complete this form. A completed form is necessary to action your complaint.
2. Forward the completed complaints form to the Massage Australia office.

### Upon receiving the forms, Massage Australia will:

1. Contact the massage practitioner in question and provide them with a summary of the complaint.
2. Contact those individuals who may have information relevant to the complaint.
3. Review all information. Further communication with the parties involved may be necessary.
4. Inform the complainant and massage practitioner in writing of the results of the review.

**If you have any questions or require assistance with this form, please contact the Massage Australia office on (02) 4883 9500.**

### A. Person Registering Complaint

First Name:

Sex: M  F

Last Name:

Mailing Address:

Suburb:

Postal Code:

Telephone (Home):

Telephone (Work):

Telephone (Mobile):

Fax:

Date of Incident:

Relationship to Client (if someone other than the client is registering the complaint):

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*If you are not the client, please provide details about the client below. If you are the client please proceed to section C.*

### B. Patient Information (if not the same as above)

First Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Last Name:	
Mailing Address:	
Suburb:	Postal Code:
Telephone (Home):	Telephone (Work):
Telephone (Mobile):	Facsimile:
Date of Incident:	

Please note: that if you are making a complaint on behalf of someone other than yourself, consent from that person or the persons legal representative to release medical information will be required.

### C. Practitioner Information

First Name:	Last Name:
Clinic Name:	
Clinic Address:	
Suburb:	Postal Code:
Clinic Telephone Number:	Clinic Fax:
Clinic Telephone mobile:	
Practitioner Membership Number:	

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Provide the name(s) of any other individual(s) and the details of the information they may have pertaining to the complainant (i.e. physician, other health professionals)

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Has this complaint been registered with any other organisation or agency?

Yes/No: \_\_\_\_\_

If so, please complete the following:

Organisation Name:	
Contact Name:	Telephone Number:
Organisation Name:	
Contact Name:	Telephone Number:

### D. Details of Complaint

Date(s) of Treatment:

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Body Location or Type:

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Treatment:

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Signature of person making complaint:

Date:

Signature of client (if not the above):

Date:

Return to:

Massage Australia PO Box 198

Bargo NSW 2574

Fax: (02) 4883 9805

Office Use Only

Date Received into MA Office:

Method received:

Signature of Staff Receiving Complaint:

Submitted to Complaints Committee:

File #:

Action Taken:

Action By:

Action Date:

Investigation Details:

Investigation By:

Investigation Date:

Follow Up Action Taken:

Follow Up Action By:

## message australia complaints submission form

Action Taken:

Follow Up Action Date:

Closing Action Taken:

Closing Action By:

Closing Date:

Date Received by CEO:

Signature of CEO:

Date File Closed By CEO:

Issue Referred to Police:

Y/N

Date Referred to Police:

Police Officer's Details:

S/N:

First Name:

Sex:

M/F

Last Name:

Station Name:

Mailing Address:

Suburb:

Postal Code:

Telephone (Home):

Telephone (Work):

Telephone (Mobile):

Fax: