



Massage Therapist Association of Alberta Complaint Submission Form

The profession of Massage Therapy is not regulated in the province of Alberta. A massage therapist, often referred to as a “Registered Massage Therapist or an RMT” could belong to one of many associations in Alberta, or possibly not hold current professional membership at all. The MTAA can only investigate complaints filed against current members. We cannot investigate complaints regarding a massage therapist that does not hold current membership with our association.

Please be advised that the process for an MTAA investigation can be lengthy. This can take a few weeks, up to a few months to complete. Once the investigation is completed, the individual who submitted the complaint, or the legal guardian in the case of a minor, will be contacted via email to confirm the closure of the complaint. The MTAA will provide general details as to the resolution and/or any disciplinary action required to be completed by the member. The MTAA will not release specific details regarding the disciplinary action issued. Please note that disciplinary action is issued on a case by case basis which can be required re-education, suspension, and possible expulsion from the association.

The MTAA does not accept anonymous complaints. Each formal complaint must be filed by the patient, unless the complaint being filed is on behalf of a minor. In these cases, the person filing the complaint on behalf of the minor must be the legal guardian for the minor patient. Proof of legal guardianship may be required to be submitted to the MTAA.

Please review before submitting your complaint:

- Complete and submit the following information to initiate an investigation. Please be advised that partial submissions will not be accepted.
- Complete and submit the separate ***Patient Authorization Form***.
- If a police report has been filed, please include a copy with your submission.
- Please provide any other information or documentation relevant to the complaint.
- Please forward all information to the MTAA Office by:

EMAIL: info@mtaalberta.com

**MAIL: 204 – 37 Beju Industrial Drive
Sylvan Lake, AB T4S 0K9**

Upon receiving the complaint submission, the MTAA will:

- Contact the MTAA member in question and provide them with a copy of the complaint submitted.
- Instruct the member to provide their response and any supporting documentation or information related to the complaint.
- Instruct the member to ensure that no further contact is had with the patient until the investigation has concluded.
- Contact those individuals who may have information relevant to the complaint. This may include other individuals related to the patient, the member, the business in which treatment was provided, as well as any other relevant individuals.
- Review all information submitted to determine if further investigation is required.
- Inform the complainant and member via email of the results once the process has been completed.

Please ensure that the email provided is one that the MTAA can send confidential information to. Please do not use any forms of general emails which other individuals may have access to.

If you have any questions or require assistance completing this form, please contact the MTAA Office at 403-340-1913 or by emailing info@mtaalberta.com.



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Important: If you are not submitting on behalf of a minor patient, please proceed to the next section: PATIENT INFORMATION.

Person Registering Complaint (Parent/Legal Guardian of Minor)

Ms/Mrs./Mr./Dr. _____
First Name Last Name

Mailing Address: _____

City, Province: _____ Postal Code: _____

Date of Birth: _____ Telephone (Primary): _____

Telephone (Alternate): _____

Email: _____

Please be advised that all correspondence will be sent to the email provided.

Please confirm your relationship to the minor patient named above:

Mother

Father

Non-parent/Legal Guardian

Any parent or legal guardian of a minor named in the complaint can request a copy of the complaint filed.

Please confirm the following information about any other parent or legal guardian for the minor named above:

Ms/Mrs./Mr./Dr. _____
First Name Last Name

Relationship:

Mother

Father

Non-parent/Legal Guardian

Patient Information (Person Submitting Complaint)

Ms/Mrs./Mr./Dr. _____
First Name Last Name

Mailing Address: _____

City, Province: _____ Postal Code: _____

Date of Birth: _____ Telephone (Primary): _____

Telephone (Alternate): _____

Email: _____

Please be advised that all correspondence will be sent to the email provided.



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Massage Therapist (MTAA Member) Information

Therapist Name _____
First Name Last Name

Clinic Name _____

Clinic Address: _____

City, Province: _____ Postal Code: _____

Clinic Phone Number: _____ Clinic Email: _____

MTAA Membership Number: _____

Please include the name(s) of any other individual(s) pertaining to the complaint (i.e. physician, other health professionals)

Name: _____ Telephone Number: _____

Relationship to Patient: _____

Confirm their involvement in the complaint: _____

Name: _____ Telephone Number: _____

Relationship to Patient: _____

Confirm their involvement in the complaint: _____

Has this complaint been registered with any other organization or agency? Yes No
If so, please complete the following:

Organization Name: _____

Contact Name: _____ Telephone Number: _____

Email Address: _____



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Please provide the dates and locations of all treatments in question as well as your detailed description of the complaint.

** If you wish to provide more information please include a word document with your complaint submission*



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Please note any additional/supporting documentation being submitted such as a police report, or proof of communication related to the complaint i.e., emails with the clinic or therapist.

What is your expectation from the investigation of this complaint?

- Although the Complaints and Discipline Committees seek to resolve conflicts between patients and MTAA member to the satisfaction of all parties involved, the purpose of the complaint resolution process is to reduce the risk of recurrent conduct that prompted the initial complaint.
- The Massage Therapist Association of Alberta cannot award financial compensation of any kind.
- Please note, all information received is to be treated and considered as CONFIDENTIAL. It is solely intended for the use of the MTAA Complaints and Discipline Committees regarding the MTAA Member. All other recipients are prohibited from disclosing, copying, using, distributing, or taking any action in regard to the contents of the complaint.

Signature

Date