

Ethics Complaint Form

Before Completing the Form

The Massage & Myotherapy Australia Disciplinary and Dispute Resolution Procedure is a statement about appropriate and expected management of complaints by Massage & Myotherapy Australia (Association) and as such reflects the values of the Association. The [Code of Ethics, Standards of Practice](#) and National Code of Conduct determine which section(s) is/are applicable to your complaint. Please ensure you complete all aspects of this form to assist with expedition of your complaint. The full Massage & Myotherapy Australia [Disciplinary & Dispute Resolution Process](#) should be reviewed prior to completing this form.

To enable the Association to address and resolve your complaint effectively, please complete this form electronically (or write legibly) and return by email to Massage & Myotherapy Australia at the following address;

Email: ea@massagemyotherapy.com.au

Or post: Confidential
Chief Executive Officer
Massage & Myotherapy Australia
Level 8, 53 Queen Street
Melbourne Vic 3000

Massage & Myotherapy will not address any complaints made against a Massage & Myotherapy Australia member that are frivolous, vexatious or outside the jurisdiction of Massage & Myotherapy Australia's control (having regard to the nature of the complaint).

The person the allegations are against has, as a right of natural justice, the right to respond to the allegations and therefore, the Association is unable to review complaints that are anonymous.

Your Details

Surname	
First Name	
Postal Address	
Email Address	
Phone (mobile)	
Personal Clinical Records	I agree that Massage & Myotherapy Australia as part of this review, can request all records, assessment, and clinical notes from the therapist (member) in relation to the complaint to assist in the National Ethics Committee determination.
Personal details	I agree that my details and the complaint form (whether redacted or not) will be made available to the Member as part of the review process.
Acknowledgement	I acknowledge and agree the information I have provided is true and accurate.
Authorisation	Date / / Signature:

Relevant date(s) of complaint(s) occurrences(s)	<p>Please state all relevant fact/s, date/s and time/s of incident/s as detailed and as accurately as possible in the box below.</p> <p>Please attach further information/notes that you feel necessary to support your complaint.</p>