### Ethics Complaint Form

Before Completing the Form

The Massage & Myotherapy Australia’s Disciplinary and Dispute Resolution Procedure is a statement about appropriate and expected management of complaints by Massage & Myotherapy Australia 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 Massage & Myotherapy Australia to address and resolve your complaint effectively, please complete this form electronically (or print neatly) and return by email to Massage & Myotherapy Australia at the following address;

Email: [ea@massagemyotherapy.com.au](mailto: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, to respond to the allegations.

Your Details

|  |  |
| --- | --- |
| **Surname**  **First Name** |  |
| **Postal Address** |  |
| **Email Address** |  |
| **Phone (land)**  **Phone (mobile** |  |
| **Personal Clinical Records** | I **agree/do not agree** that, Massage & Myotherapy Australia as part of this investigation, can request all records, assessment and clinical notes from the therapist in relation to the complaint to assist in the National Ethics Committee determination. |
| **Authorisation** | **Date / / Signature:** |

Allegations and Circumstances of the Complaints(s)

|  |  |
| --- | --- |
| **Person against whom your complaint(s) is/are directed.** |  |
| **Therapists Clinic details** |  |
| **Please state the principle(s) or Clauses of the Massage & Myotherapy Australia Code of Ethics that are alleged to have been breached.** |  |
| **Name and contact details of any witness or individuals that can support your allegations** |  |

|  |  |
| --- | --- |
| **Relevant date(s) of complaint(s) occurrences(s)** | Please state all relevant facts, and times of incidents as accurately as possible in the box below  Please attach further information/notes that you feel necessary to support your complaint |
|  |  |