



ASSOCIATION QUÉBÉCOISE DES THÉRAPEUTES NATURELS

# *Filing a complaint*

## **TOOLS FOR AN INFORMED PUBLIC :**

### **1) CODE OF ETHICS :**

[www.Association.Quebec.AQTN.ca/code.php](http://www.Association.Quebec.AQTN.ca/code.php)

The code of ethics must be followed at all times in the therapist's practice.

### **2) STANDARDS OF PRACTICE FOR MASSAGE THERAPY :**

<https://www.aqtn.ca/standards-de-pratique-massotherapie.php>

Our standards of practice provide an additional framework for our massage therapists. They are also a tool for the public to better identify situations that may lead to a complaint. They can be reviewed anonymously.

## **CONTACT DETAILS OF THE ASSOCIATION FOR THE COMPLAINT**

- AQTN  
CP 28551 CSP VERDUN  
VERDUN QC H4G 3L7
- Fax : 514-317-4602
- Email : [contact@aqtn.ca](mailto:contact@aqtn.ca)

## *Process*

Anyone can file a complaint, whether in writing, by email, by fax or through our website. However, to formalize a complaint, it must be made in writing.

Once we have received the initial filing of a complaint, we will contact the person to assess the seriousness of the situation and establish the preliminary measures that will be taken, including an investigation if necessary. We will follow-up on any complaint submitted within five business days of receipt.

## *Filing a complaint*

A complaint is the expression of at least one of the following three elements:

- An accusation against a member that involves or relates to an article of the code of ethics.
- Identification of a potential or actual harm that a client may have suffered.
- A corrective measure that is being claimed.

**Does not constitute a complaint:** Any informal process to correct a particular problem, in which the problem is addressed as part of the therapist's regular activities without the client having complained. Should the complaint relate to "**sexual exploitation**", we have a contact at the RCMP. You should know, however, that only you can file a complaint directly to the police. AQTN publishes the frequencies of complaints in our annual activities reports, which is publicly available on our website.

Any client who wishes to make a complaint must do so in writing and send it to our official correspondence address. The complaint should clearly include all elements of this form. If necessary, please attach additional pages.

*It is strongly recommended that you make a copy  
of this complaint before sending it to us.*

Name of AQTN member at whom the complaint is directed.

Address where the services were rendered as relates to the complaint.

Date and time services were rendered:

What was the reason for the consultation?

The motive of the complaint.

How did you find the therapist leading to booking of the consultation.

Provide a detailed account with as many details as possible about the incident. Include all pertinent information regarding the therapist relative to your complaint.

The corrective measure you are requesting, if any.

Complete name of the person submitting the complaint (client).

Address of the person submitting the complaint (client).

Telephone number of the person submitting the complaint (client).

Email address of the person submitting the complaint (client).

You must include a copy of your insurance receipt, otherwise justify why it is not available.

Any additional information you wish to add.



**Solemn declaration**

I, the undersigned : \_\_\_\_\_

My occupation: \_\_\_\_\_

My residential address: \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the information provided in this complaint is true and complete.

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Section to be completed by a Commissioner for oaths**

[www.assermentation.justice.gouv.qc.ca/ServicesPublicsConsultation/Commissaires/Proximite/Criteres.aspx](http://www.assermentation.justice.gouv.qc.ca/ServicesPublicsConsultation/Commissaires/Proximite/Criteres.aspx)

MAKE AN OATH / AFFIRMED SOLEMNLY BEFORE ME AT

Province / City: \_\_\_\_\_

Signature of plaintiff: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Name of Commissioner of Oaths: \_\_\_\_\_

Signature of Commissioner of Oaths : \_\_\_\_\_