



COMPLAINT FORM

This is the information we need if you wish to report a concern about a Member of the Sports Massage Association (SMA).

The information you provide will be processed in accordance with the Data Protection Act 1998.

PERSONAL DETAILS

Mr/Mrs/Ms/Miss (please circle)

Full Name :

Current Address :

.....

.....

Postcode :

Telephone Number :

Mobile Number :

Email address :

THE SMA MEMBER THAT YOU ARE REPORTING

Mr/Mrs/Ms/Miss (please circle)

Full Name :

Current Address :

.....

.....

Postcode :

Telephone Number :

Mobile Number :

Email address :

SMA Membership Number (if known)

Are you the client in the complaint? YES / NO

If yes are you still attending for treatment? YES / NO

Are you complaining on behalf of a client? YES / NO

If yes what is your relationship to the client?

.....

Does the client know you are making this complaint on their behalf? YES / NO

SPORTS MASSAGE PRACTITIONERS DETAILS

Name of Practitioner :

Current Address :
.....
.....

Postcode :

Telephone Number :

Were you / the client referred to the Sports Massage Practitioner by a doctor or another healthcare professional? YES / NO

If yes please give name and address :

Current Address :
.....
.....

Postcode :

Telephone Number :

Please state length of time you / the client had been attending the Sports Massage Practitioner.

Date of first visit :

Number of visits :

Date of last visit :

Have you raised the complaint directly with the Sports Massage Practitioner? YES / NO.

If YES, please describe what happened. If NO, please explain why you decided not to :

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.....
.....
.....

CHECKLIST

Thank you for completing this form.

Please make sure you have:

Given your full details.

Given full details of the Sports Massage Practitioner concerned.

Given as much detail as you can about your complaint, together with any supporting papers and documents.

Completed all appropriate sections of this form.

Kept a copy of this completed form for your records.

Read carefully and signed the Declaration below.

DECLARATION.

I have no objection to the Sports Massage Practitioner seeing my complaint and I consent to any treatment records and/or reports being forwarded to the Sports Massage Association, to help them investigate the allegations I have made.

I would be willing to appear as a witness in any hearing that might take place.

I declare that the information I have given is true and accurate.

Signed :

Date :

If you would like to discuss any part of your complaint before sending this form or would like help before completing it, please telephone the SMA on 0845 459 6031