



Massage Association of Australia Ltd

ACN 131 861 115

ABN 63 131 861 115

PO Box 2019 | Moorabbin VIC 3189
+613 9555 9900 office | +613 9555 9904 fax
office@maa.org.au email | www.maa.org.au web

Office use only:
Complaint No.

MAA Member Massage Service Complaint Form

If you're not satisfied with a service provided by a MAA Member, or you're concerned with the health, conduct or performance of any other massage therapist, then it is your right to make a complaint to the MAA Office.

Before making a complaint, try talking with your massage therapist—this is often the quickest and easiest way to address your concerns or fix a problem.

If you're not satisfied with the response, or feel uncomfortable talking with the massage therapist directly, lodge a complaint with us.

Use this form to make a complaint. Please provide as much information as you can, so we can help you.

1. Your details

Title:		First name:			Last name:	
Middle name:			Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>		Date of birth:	
Postal address:						
Suburb/town:			State:		Post code:	
Daytime telephone:		Mobile:		Email:		
My Preferred method of contact is:	Telephone <input type="checkbox"/>	Email <input type="checkbox"/>	Letter <input type="checkbox"/>	Other <input type="checkbox"/> Details:		
How did you hear about us?	MAA Member <input type="checkbox"/>		Another Health Care Provider <input type="checkbox"/>	Lawyer <input type="checkbox"/>	MAA website <input type="checkbox"/>	
	Family member / friend <input type="checkbox"/>	Another Association <input type="checkbox"/>	Police <input type="checkbox"/>	Other <input type="checkbox"/>		
Your preferred language:			Your country of birth:			
Do you need an interpreter? No <input type="checkbox"/> Yes <input type="checkbox"/> Specify language:						
Do you have any special needs? No <input type="checkbox"/> Yes <input type="checkbox"/> Please specify:						
Are you making this complaint on behalf of someone else? No <input type="checkbox"/> (Go to 3) Yes <input type="checkbox"/> (Go to 2)						

2. Details of the person you are complaining on behalf of

Title:		First name:			Last name:	
Middle name:			Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>		Date of birth:	
Postal address:						
Suburb/town:			State:		Post code:	
Daytime telephone:		Mobile:		Email:		
What is the person's relationship to you?				Has the person asked you to make this complaint? No <input type="checkbox"/> Yes <input type="checkbox"/>		
Is the person a child? No <input type="checkbox"/> Yes <input type="checkbox"/>				Has the person been injured? No <input type="checkbox"/> Yes <input type="checkbox"/>		

What would you like to happen to resolve your complaint?			
acknowledgement <input type="checkbox"/>	apology <input type="checkbox"/>	compensation <input type="checkbox"/>	disciplinary action <input type="checkbox"/>
explanation <input type="checkbox"/>	policy/process change <input type="checkbox"/>	refund <input type="checkbox"/>	other <input type="checkbox"/>

We will try to help you and your therapist resolve your complaint.

We have no power to force an outcome. We decide when a complaint has been adequately considered. Here are some important things to keep in mind:

We don't take sides We don't lay blame or award compensation

We will keep your complaint on record to help us identify patterns or provider practice, complaint trends, or systemic issues.

6. Consent to access your healthcare information

It will assist the MAA Office to have the consent of the person who received the service/treatment so that we can collect the information required to assess your complaint. Please select one of the following options that applies to you.

I am complaining about the service/treatment provided to me and I authorise the MAA Office to access my personal health information for the purpose of handling this complaint.

Signed _____ Date _____

I am the next-of-kin / guardian of the person who received the service/treatment provided and I authorise the MAA Office to access this person's personal health information for the purpose of handling this complaint.

Signed _____ Date _____

If you are making this complaint about someone else, have them sign and complete the below.

I understand that (complainant name) _____ is making a complaint about the service/treatment provided to me and:

I authorise the MAA Office to access my personal health information for the purpose of handling this complaint. and / or

I authorise the MAA Office to speak to the complainant about the service/treatment I received.

Name _____ Signed _____ Date _____

Before you send this form, please check that you have:

- included as much relevant information as possible
- given details of the health service provider you are complaining about
- clearly identified your concerns
- consented to us accessing your healthcare information
- attached copies of supporting documents or information—please do not send original documents

Privacy and confidentiality *In managing your complaint, we will collect personal information about you. We comply with the Information Privacy Principles in the Information Privacy Act 2009.*

We are required to provide your complaint to the person and/or organisation you have named. If there is any information you don't want them to receive, please let us know. If your complaint is about a registered practitioner, we will advise the Australian Health Practitioner Regulation Agency of your complaint. We will not disclose your personal information to anyone else unless you consent or the disclosure is allowed, authorised or required by law.

You can apply to access or amend documents held by us under the Information Privacy Act 2009 and the Right to Information Act 2009. Some documents—for example those containing the personal information of other people—may be exempt from access.

7. Send us your complaint form

mail: PO Box 2019, MOORABBIN, VIC, 3198

fax: (03) 9555 9900

email: office@maa.org.au

We will contact you within 7 days of receiving your complaint form. (NB: Emails may appear in Junk mail, depending on your settings.)

Please note: it is an offence for a person to provide false or misleading information to the MAA Office.