



## COMPLAINT FORM

If you wish to make a complaint or raise a concern about an SMA member, please complete this form with as much detail as possible.

All information provided on the form will be processed in accordance with the Data Protection Act 2018.

### YOUR DETAILS

Title

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Full Name

---

Current Address

---

Preferred Contact Number

---

Email Address

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### DETAILS OF THE SMA MEMBER YOU ARE REPORTING

*Please leave fields blank if not all details are known*

Title

---

Full Name

---

Current Address

---

Telephone Number

---

Email Address

---

SMA ID

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Are you the client in the complaint?

If yes, are you still attending for treatment?

If no, are you complaining on behalf of a client?

If so, what is your relationship to the client?

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Does the client know you are making this complaint on their behalf?

Were you/the client referred to the Sports Massage Therapist by a doctor or other healthcare professional?

If yes, please give the practitioner's name, occupation and full contact details below:

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Date of first visit to the Sports Massage Practitioner

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Date of last visit to the Sports Massage Practitioner

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Total number of visits

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## COMPLAINT DETAILS

Please give full details of your complaint below, detailing what happened, where and when  
Please state if there are any witnesses to the incident/s.

Please enclose copies of any papers, documents or other evidence to support your complaint.

Have you raised the complaint directly with the Sports Massage Therapist?

If yes, please explain what happened; if no, please explain why you decided not to:

If you have raised this complaint with anyone else, please state with whom and what happened:

Have you seen a solicitor or taken legal advice about this complaint?

If yes, please complete the details below:

Full Name

Qualification

Address

Preferred Contact Number

Email Address

Summary of legal advice received:

## **CHECKLIST**

Thank you for completing this form.

Before you complete the declaration and send it to us, please make sure you have:

Given your full details

Given full details of the Sports Massage Therapist concerned, as far as you are able

Given as much detail as you can about your complaint

Included any relevant supporting evidence for your complaint

Completed all relevant sections of this form

Kept a copy of this form for your records

## **DECLARATION**

I have no objection to the Sports Massage Therapist 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 completing it, please contact Yvonne Blake at the SMA on 07962 015 780.*