



Complaint Form

The College of Massage Therapists of Ontario’s (CMTO’s) complaints process deals with concerns regarding professional misconduct, incompetence or incapacity of Registered Massage Therapists (“RMT” or “MTs”) in Ontario.

If you would like to talk to someone about an RMT’s treatment or conduct or have questions about the CMTO’s complaints process, please contact us at: 416-489-2626 / 1-800-465-1933 or by email at professionalconduct@cmtto.com.

To file a complaint, please complete this form and submit it to CMTO by email, mail or fax. Please provide as much detail as possible regarding your complaint.

As part of the process, the RMT you are filing a complaint against will be notified of your complaint within fourteen (14) days. A copy of your complaint will be provided to the RMT and they will be asked to respond. Personal contact information will not be disclosed to the RMT that you are filing a complaint against. The College may obtain the personal health information of the client to investigate the complaint.

If the complaint relates to conduct or behaviour of a sexual nature, the client may be eligible for funding for therapy and counselling. You can find more information regarding the program on CMTO’s website at www.cmtto.com/ensuring-professional-conduct/funding-for-therapy-and-counselling/.

Please be aware that CMTO cannot:

- Assess injury or award compensation;
- Process complaints without notifying the RMT about the complaint; and/or
- Process complaints regarding people who are not registered with CMTO.

Person Registering Complaint

Name:			
Address:			
Preferred telephone number:		Alternate telephone number:	
Email address:			



Please indicate which method you would prefer to receive correspondence from CMTO:

Email

Mail

Client Information (If the same as person submitting complaint, please skip this section)

Client Name:	
Address:	
Telephone number:	
Email address:	
Relationship to client:	

Registered Massage Therapist You are Filing a Complaint Against

Name:	
Registration number: (if known)	

Complaint

Please select the area(s) of concern relating to your complaint:

- | | |
|---|---|
| <input type="checkbox"/> Inappropriate billing practices | <input type="checkbox"/> Treatment causing injury |
| <input type="checkbox"/> Inappropriate advertising | <input type="checkbox"/> Failing to obtain consent |
| <input type="checkbox"/> Failing to maintain records | <input type="checkbox"/> Practising the profession while impaired |
| <input type="checkbox"/> Inappropriate communication | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Failing to maintain professional boundaries | <input type="checkbox"/> Other concern (not listed above) |
| <input type="checkbox"/> Failing to maintain confidentiality /privacy | |

Please elaborate on the area(s) of concern you have selected:

Dates and time of treatment(s):	
Name of clinic and/or address where treatment(s) received:	

Additional Information

Identify any persons, including other healthcare professionals, who may have witnessed or have information about your concerns (please provide their contact information):



Please provide copies of any supporting documents (e.g., receipts, text messages, emails, health records or other): Documents attached

Please provide any additional information that could help CMTO process your complaint:

Acknowledgement

The information on this form is collected under the authority of the *Regulated Health Professions Act, 1991* (RHPA). The information provided will be used to process my complaint.

I understand that if either I or the Registered Massage Therapist (“RMT” or “MT”) appeal CMTO’s decision, information collected during the investigation must be disclosed to the Health Professions Appeal and Review Board (HPARB). HPARB reviews are open to the public and its decisions are anonymized, yet public.

By signing this form, I understand that I am filing a formal complaint against a Registered Massage Therapist.

Signature

Date

CMTO will send a letter to you acknowledging receipt of this formal complaint. A representative from CMTO may contact you about your complaint for additional information.

Submitting Complaint

Forms can be submitted by email, mail or fax.

Email: professionalconduct@cmtto.com

Mail: 1867 Yonge Street, Suite 810, Toronto, ON, M4S 1Y5

Fax: 416-489-2625