

## COMPLAINT FORM

### HOW TO PROCEED

- ▶ FIRST, you must submit a written explanation of your grievance to the therapist involved.
- ▶ The therapist must then confirm reception of your complaint and is then permitted to attempt to resolve any/all issues and concerns directly with you
- ▶ You must return this form, duly filled out, to RITMA.

A complaint may be submitted by the complainant or by a third-party/representative. You are:

Complainant

Representative

### PART1 – IDENTIFICATION OF COMPLAINANT

Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of birth (DD/MM/YY) \_\_\_\_\_ Home address: No. \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home telephone \_\_\_\_\_ Business telephone \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax no. : \_\_\_\_\_ Email \_\_\_\_\_

### IDENTIFICATION OF REPRESENTATIVE

#### REPRESENTATIVE'S TITLE:

Mandated person

Legal guardian

Close relative

Spouse

Legal heir

Legal trustee

Bearer of parental authority

Name \_\_\_\_\_ Surname \_\_\_\_\_

Home address: No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home telephone \_\_\_\_\_ Business telephone \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax no. : \_\_\_\_\_ Email \_\_\_\_\_

### COORDONATES OF THE THERAPIST INVOLVED

Name \_\_\_\_\_ Surname \_\_\_\_\_

Home address: No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home telephone \_\_\_\_\_ Business telephone \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax no. : \_\_\_\_\_ Email \_\_\_\_\_

PART2 – EXPLANATION OF THE GRIEVANCE

DESCRIBE YOUR COMPLAINT BY ELABORATING ON THE NATURE OF THE DAMAGE OR HARM YOU SUSTAINED OR THE WRONG THAT WAS DONE TO OU AND, WHERE POSSIBLE, CHRONOLOGICALLY LIST THE EVENTS THAT BROUGHT YOU TO SUBMIT THIS COMPLAINT. (Please use a separate sheet if you need more space.)

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IN REGARDS TO THIS COMPLAINT, HAVE YOU CONTACTED, IN WRITING:

- ▶ The business or therapist involved in this complaint?  Yes  No
- ▶ A lawyer?  Yes  No
- ▶ A third party? \_\_\_\_\_

\*If you responded NO to the first question, you must do so immediately. Please consult the « how to proceed » section at the beginning of this form.

If you responded YES, what results were obtained and/or progress, if any?

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WAS THE THERAPIST’S TREATMENT DETRIMENTAL IN ANY WAY TO THE COMPLAINANT’S HEALTH? (Please elaborate)

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FOLLOWING THE THERAPIST’S SERVICES, DID THE RESULTS OBTAINED MEET WITH THE EXPECTATIONS OF THE COMPLAINANT OR HIS/HER REPRESENTATIVE? (Please elaborate)

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WHAT END RESULT AND/OR COMPENSATION DO YOU SEEK?

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IN YOUR OPINION, WHAT SOLUTION WOULD BES RESOLVE THIS MATT ER?

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PART 3 – REQUIRED DOCUMENTATION

Please include copies of any pertinent documents such as receipts or contracts, etc. Please retain all originals.

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