

Denunciation Form



Réseau des
massothérapeutes
professionnels
du Québec

Identification - Claimant

First name and last name: _____

Telephone: _____ Cell phone: _____

Email: _____

Address:

No., street, apartment, post office box and postal code

City and province

Identification - Therapist

First name and last name: _____

Telephone: _____ Member N°: _____

Email: _____

Address:

No., street, apartment, post office box and postal code

City and province

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Investigation Request

How many sessions have you received?

Have you kept your receipts visit? If so, are you able to send us a copy?
If not are you able to specify the dates of the consultations?

How much money have you paid the therapist and what was the method of payment?

What were the reasons for the consultations?

These consultations were they held at the place of business of the therapist?

What are the ties that bind you to the therapist? (Professionals or personals)

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Investigation Request

Have you filed a complaint with the police?

Is there a witness or a person who can testify on the reported events and/or corroborate the information you report to our attention? If yes, can you give us the information to contact this person?

First name and last name: _____

Telephone : _____ Cell Phone: _____

Email: _____

Address: _____

No., street, apartment, post office box and postal code

City and province

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Email: _____

Address: _____

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First name and last name: _____

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In addition to the questionnaire, please tell us the circumstances relating to the denunciation made against the therapist. Do not forget to include any additional information deemed relevant to complete the investigation.

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Statutory declaration

I also hereby authorize the disciplinary prefect and the assistant disciplinary prefect and members of the board of the Réseau des massothérapeutes professionnels du Québec, to read the personal information and facts contained in this denunciation form so that the investigation process takes its course.

I, the undersigned, _____, maintain all the information provided here-with is truthful and correspond to the facts mentioned. I will cooperate, testify and provide all additional information as required for the inquiry, until its conclusion.

Signature of the claimant: _____

Date: _____