Massage Therapy Complaint Form

Thrive Bodyworks LLC
688 Main Street, Suite 4
Westbrook, Maine

Client Information:
Name: _____
Date of Birth: _____
Phone Number: _____
Email Address: _____

Complaint Details:
_____
_____
_____

Date of Incident:_____

Location of Incident:
☐ In-Office (Thrive Bodyworks LLC)
☐ At Home/Off-Site
☐ Other: _____

Name of Therapist Involved (if applicable):_____

Description of the Complaint:
(Please provide a detailed description of the incident, including any specific concerns or issues.)
_____
_____
_____

Desired Resolution:
(Please describe how you would like the issue to be resolved or any actions you would like taken.)
_____
_____
_____

Confidentiality and Privacy:
All complaints will be handled in a confidential manner. Your complaint and any related details will only be shared with the necessary personnel to resolve the matter, consistent with **HIPAA** regulations and **Maine State Law**.

Massage Therapy Complaint Form

Thrive Bodyworks LLC
688 Main Street, Suite 4
Westbrook, Maine

Acknowledgment of Receipt of Complaint:
By signing this form, I acknowledge that my complaint has been received and will be reviewed. I understand that Thrive Bodyworks LLC is committed to maintaining the confidentiality of my complaint and will address it in accordance with applicable laws and professional standards.

Signature of Client (or Legal Representative):
Signature: _____
Date: _____

Office Use Only:
Received By: _____
Date Received: _____
Action Taken:_____