

**M THERAPY ROOM – COMPLAINT FORM**

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Please complete this form in full and send it to: info@mtherapyroom.com

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**1. Personal details**

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**2. Appointment details**

Date of appointment: \_\_\_\_\_

Time of appointment: \_\_\_\_\_

Type of treatment received: \_\_\_\_\_

Therapist name (if known): \_\_\_\_\_

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**3. Description of your complaint**

(Please provide a clear and detailed description of the issue)

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**4. What outcome are you seeking?**

(For example: explanation, apology, partial refund, another treatment, etc.)

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**5. Supporting documents (if any)**

Please list any documents you are attaching to support your complaint:

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**6. Declaration**

I confirm that the information provided in this form is true and accurate to the best of my knowledge.

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

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