



Suncare Clinic Client Complaint Policy and Procedures

Policy #: MT-CLIN-005

Effective date: August 24, 2026

Approved by: Administrative Team

Last Revision: August 24, 2026

Next Review: August 24, 2027

Overview

Suncare Clinic, the student massage therapy clinic operated by Ontario College of Technology (OCOT), is committed to providing clients with fair, timely, and respectful resolution of any concerns or complaints about their treatment or visit. Every complaint will be addressed promptly, fairly, and confidentially.

Who's Involved

- Students - provide treatment under supervision; first point of contact.
- Clinic Supervisor - registered RMT overseeing the treatment floor; first level of escalation.
- Clinic Coordinator - handles formal written complaints and clinic-level decisions.
- Administrative Manager - final point of escalation and appeal.

How to Submit a Complaint

- In person: speak with the Clinic Supervisor on duty.
- In writing: email complaints@octech.ca or ask front desk staff for a Client Complaint Form.

Client Feedback Survey: Concerns submitted through the clinic's approved client feedback survey or feedback form will be reviewed and triaged in accordance with this policy.

Step 1: Informal Resolution

If a client has a concern about their treatment or visit, they are encouraged to raise it directly, either at the time of the appointment or afterward, with the student or the Clinic Supervisor on duty. Most concerns may be resolved promptly at the clinic level.

Documentation of Informal Concerns: Where the concern relates to the client's treatment, interaction with a student therapist, consent, safety, professional boundaries, or another aspect of the client's clinical experience, the Clinic Supervisor will document the concern, actions taken, and resolution in the appropriate client record in JaneApp.



The entry must be factual, objective, and limited to information relevant to the client's care and clinic experience.

Where the concern involves the conduct, performance, documentation, boundaries, safety practices, or other actions of a student therapist, the matter and any resulting feedback, coaching, remediation, or corrective action must also be documented in the appropriate student record in accordance with OCOT's student and academic record-management procedures.

Step 2: Formal Complaint

If the concern is not resolved informally, the client may submit a written complaint (email or in-person form) to the Clinic Coordinator, describing the issue and desired resolution. The Clinic Coordinator will acknowledge receipt within 2 business days.

- The Clinic Coordinator will investigate, which may include speaking with the student, supervisor, and any witnesses.
- A written response will be provided to the client within 10 business days.

Step 3: Escalation to the Administrative Manager

If the client is not satisfied with the Clinic Coordinator's decision, they may request, in writing, that the matter be escalated to the Administrative Manager within 10 business days of receiving the response. The Administrative Manager's decision is final.

Monitoring of Client Feedback

The Clinic Coordinator or designate is responsible for reviewing client feedback received through the clinic's approved feedback mechanism regularly and no less than twice weekly. Feedback involving client safety, professional boundaries, privacy, discrimination, harassment, or other serious concerns must be escalated promptly upon identification.

Where the client has provided contact information and the feedback identifies a concern requiring follow-up, the Clinic Coordinator or designate will acknowledge the concern within two (2) business days and determine whether the matter can be resolved informally or should proceed through the formal complaint process. Anonymous feedback will be reviewed and investigated to the extent possible based on the information available.

Complaint Documentation and Recordkeeping

All complaints and concerns must be documented in a manner appropriate to the nature of the concern. All complaint-related documentation must be factual, objective, confidential, and accessible only to authorized individuals.



Client Record: Where the complaint relates to the client's treatment, interaction with a student therapist, consent, safety, professional boundaries, or another aspect of the client's clinical experience, a factual note regarding the concern, actions taken, and outcome must be entered in the client's record in JaneApp.

Student Record: Where the complaint identifies a concern regarding a student's conduct, clinical performance, documentation, professional boundaries, safety practices, or compliance with clinic requirements, the concern and any resulting investigation, feedback, remediation, or corrective action must also be documented in the appropriate student record.

Administrative/Operational Complaints: Concerns that do not relate to clinical care or student performance may be maintained in the appropriate administrative complaint record.

Formal Complaint File: Formal complaint forms, correspondence, investigation notes, supporting documentation, written responses, and appeal documentation must be maintained in the designated complaint record in accordance with OCOT's privacy and record-retention requirements.

Confidentiality

All complaints are handled confidentially and shared only with those directly involved in resolving the matter. Complaint records are retained in accordance with OCOT's record-retention practices.



SUNCARE CLINIC

Student Massage Therapy Clinic — Ontario College of Technology (OCOT)

Client Complaint Form

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Please complete this form as fully as possible. Submit it to the front desk, hand it to the Clinic Supervisor on duty, or email it to **complaints@octech.ca**. All complaints are handled confidentially in accordance with Policy MT-CLIN-005.

1. CLIENT INFORMATION

Full Name:	Date of Appointment(s) in Question:
Phone Number:	Email Address:
Preferred Method of Contact:	Best Time to Reach You:

2. TREATMENT DETAILS

Student Therapist's Name (if known):	Clinic Supervisor on Duty (if known):
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3. INFORMAL RESOLUTION (STEP 1)

☐ I have already raised this concern with the student and/or Clinic Supervisor on duty (Step 1 of the Complaint Policy).

☐ I have not yet raised this concern informally and am submitting this form directly.

If raised informally, briefly describe the outcome:

4. DESCRIPTION OF CONCERN / COMPLAINT

Please describe what happened, including relevant dates, names, and details:



5. DESIRED RESOLUTION

What outcome or resolution are you hoping for?

6. CLIENT SIGNATURE

By signing below, I confirm that the information provided in this form is accurate to the best of my knowledge.

Client Signature:

Date:

FOR CLINIC USE ONLY

Date Received:

Received By:

Date Receipt Acknowledged to Client (within 2 business days):

Target Response Date (within 10 business days):

Assigned Clinic Coordinator:

Date Written Response Sent:

☐ Client requested escalation to Administrative Manager (must be received in writing within 10 business days of response)

This form supports Suncare Clinic Policy #MT-CLIN-005 — Client Complaint Policy and Procedures.