



## COMPLAINT FORM

If you have concerns about an interaction with a dentist, please consider contacting him or her to discuss the concern with them.

If that approach does not help or fit the situation, you can:

1. Contact the Board office to discuss your next step  
OR
  2. Use this form to make a formal complaint.
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The Board reviews all complaints about dentists, dental assistants, dental technicians and dental therapists licensed in Newfoundland and Labrador. In the case of a complaint against other licenceholders, other than dentists, the process is the same.

To make a complaint complete this form and mail or deliver to the address below or if you have any questions about the complaint process contact the Board office by phone or email.

**Newfoundland and Labrador Dental Board**  
**Suite 204, 55 Elizabeth Avenue**  
**St. John's NL A1A 1W9**  
**Phone (709) 579-2391 Fax (709) 579-2392**  
**Email: [nldb@nf.aibn.com](mailto:nldb@nf.aibn.com) Web: [www.nldb.ca](http://www.nldb.ca)**

## **COMPLAINT PROCESS**

1. **We send the dentist a copy of your complaint form and ask for a response.**
2. **In some circumstances --- and with your response--- the Board Registrar tries to resolve the complaint.**
3. **If the Registrar does not resolve the complaint it goes to the Board's Complaints Authorization Committee. Committee members include both dentists and a representative of the public, and in the case of other licenceholders, a representative from that discipline.**
4. **The Committee may appoint an investigator to contact people and institutions who may have information about your complaint. This may include obtaining copies of personal health records.**
5. **The Committee reviews all relevant information and meets to discuss and act on your complaint. It notifies you of its decision in writing a report.**

**The Committee has four choices of action:**

- **Dismiss the complaint, sometimes with direction to the dentist or other licenceholder**
- **Caution or counsel the dentist or other licenceholder about improvements, undertakings or education needed**
- **Send the complaint to Alternative Dispute Resolution**
- **Instruct the Registrar to refer the complaint to a hearing.**

### **Important Note**

**The Newfoundland and Labrador Dental Board only reviews complaints about dentists, dental assistants, dental technicians and dental therapists. It cannot review complaints about individuals or professionals not licensed by the Newfoundland and Labrador Dental Board including dental hygienists, denturists and dental professionals or corporations advertising in other jurisdictions about available services they promote.**

**I WISH TO MAKE A COMPLAINT ABOUT A PERSON LICENSED BY THE NEWFOUNDLAND AND  
LABRADOR DENTAL BOARD**

**MY FULL NAME:**

\_\_\_\_\_

\_\_\_\_\_

**MY MAILING**

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**POSTAL CODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**CELL** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**DENTIST ( FULL NAME)** \_\_\_\_\_

**COMPLAINT OVERVIEW**

Please be specific in all information you provide.

Fill out a separate form for each licenceholder you wish to name in  
your complaint.

**DENTIST'S FULL NAME** \_\_\_\_\_

**WHERE DID THE INCIDENT TAKE PLACE** \_\_\_\_\_

**INCIDENT DATE/S** \_\_\_\_\_

**Description of the incident/behaviour that concerns you**

Please be as detailed as possible. If you need more space, type or write your notes on a separate page  
and attach them to this complaint form.

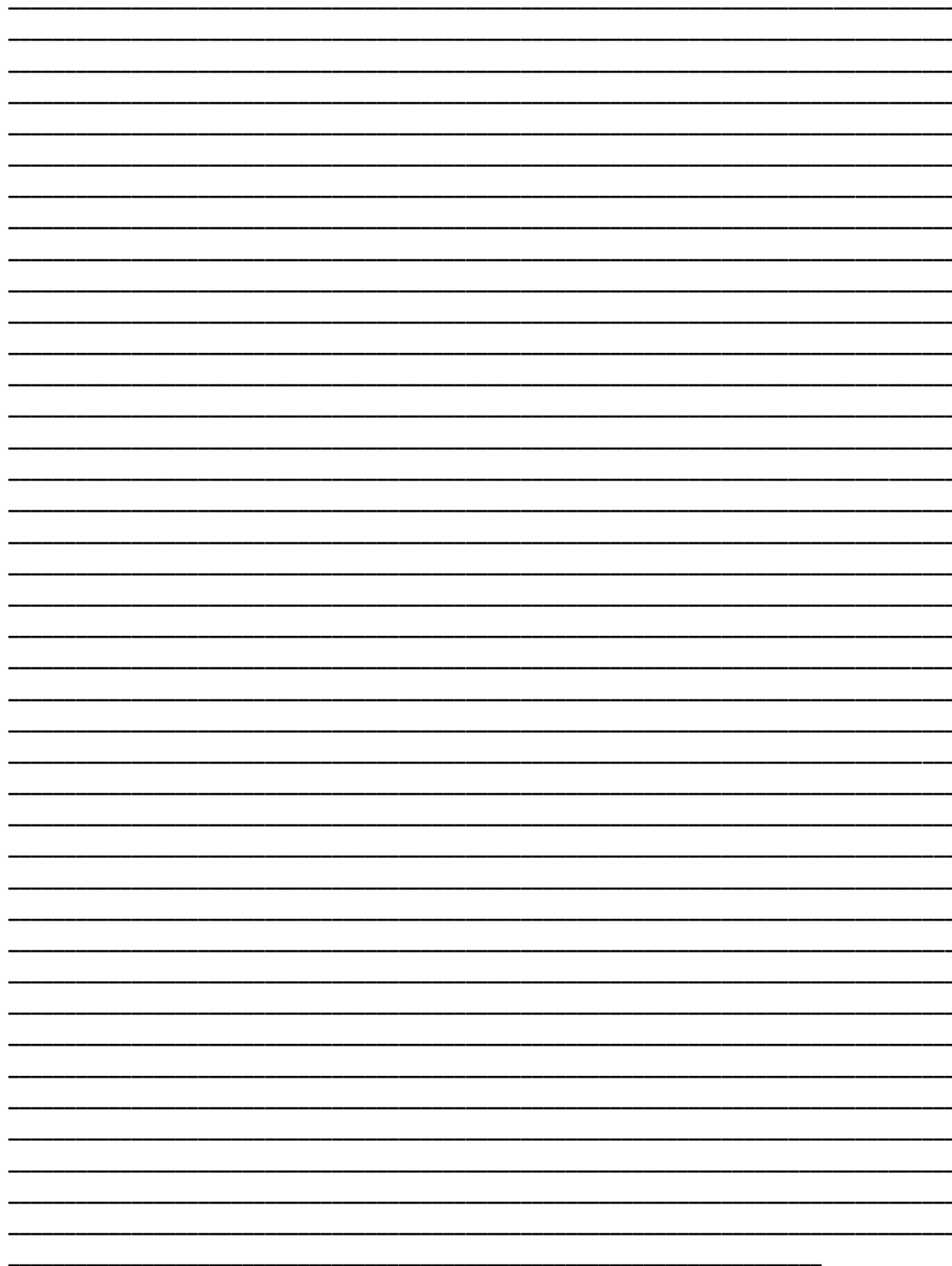
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**The specifics:** From your description of the incident (previous page), please indicate the exact action(s) that the dentist (or other) did or did not do that causes you to make this complaint. This will help the Board better understand your concerns.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Witnesses:** List any people who may have information about this complaint. Use more paper if needed. You are not required to have a witness to make a complaint.

**Note:** The Board may contact each witness as part of the investigation of your complaint.

WITNESS NAME \_\_\_\_\_

WITNESS CONTACT INFO(PHONE/E- MAIL) \_\_\_\_\_

CONNECTION TO MY COMPLAINT/ ME

OTHERS \_\_\_\_\_  
\_\_\_\_\_

HOW THEY WERE

INVOLVED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow-up action:** Describe any steps you may have already taken to resolve your complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preferred outcome(s):** Describe what you hope will happen as a result of making a complaint.

**NOTE:** The Board has no authority to provide financial compensation to complainants. It also cannot direct or arrange patient care

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**I confirm that I have read and understand the following:**

- I am making a formal complaint against the dentist or other persons licensed by the Newfoundland and Labrador Dental Board named in this form.
- The Board can investigate my complaint by using relevant personal health records, interviewing witnesses, and by seeking information from other relevant sources.
- The dentist or other licence holder named in this form will be sent a copy of this form and all relevant information gathered during the investigation of my complaint.
- If my complaint leads to a hearing ---- or the Committee's decision is appealed to a court of law---- information relating to my complaint must be disclosed and I may be called to testify as a witness.
- If I do not fully complete this form or participate in the investigation, my complaint may be dismissed for lack of information.

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

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