



## COMPLAINT FORM

The College of Dental Surgeons of BC (CDSBC) receives and investigates complaints about the conduct and competence of its registrants. "Registrants" include dentists, dental therapists and certified dental assistants (CDAs) in British Columbia.

Before you submit a complaint form, please note there are certain complaints (or parts of complaints) that CDSBC cannot address.

CDSBC is **not** able to:

- pay money to a complainant
- order a registrant to give a refund or pay any amount of money to a patient or another registrant, i.e., become involved in a fee dispute or award damages
- order a dentist to provide a certain treatment to a patient
- provide dental advice or dental treatment, or refer patients to a new dentist
- give legal advice or help in a lawsuit against a registrant\*
- address business disputes between registrants

*\*If you think a dentist, dental therapist or CDA has harmed you and you are seeking compensation, CDSBC recommends speaking with a lawyer. Such claims are resolved through the legal process, not CDSBC's complaint process.*

**Questions?** Visit [www.cdsbc.org](http://www.cdsbc.org) or call us at 604-736-3621 / Toll free: 1-800-663-9169

### Instructions:

1. Complete and sign this complaint form
2. If you are complaining on behalf of someone else, ensure you have obtained any necessary patient consent
3. Deliver a signed copy of the complaint form to CDSBC by email or mail

Email: [complaints@cdsbc.org](mailto:complaints@cdsbc.org)

Mail: College of Dental Surgeons of BC  
Complaints  
#500 – 1765 West 8th Avenue  
Vancouver, B.C. V7J 5C6

**About you (the “complainant”)**

Full Name (Title: Mr. / Ms. / Dr.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth (optional) – M/D/Y \_\_\_\_\_

I am the patient

I am representing the patient for the purposes of this complaint. My relationship to the patient is:

(Example: Parent, guardian, friend, lawyer) \_\_\_\_\_

**Patient consent** (complete this section if you are submitting a complaint on behalf of someone else)

If you are making a complaint on behalf of someone else\*, the CDSBC requires that person’s written consent to the investigation and the release of their patient information as it pertains to the complaint.

By my signature below, I (Name of patient) \_\_\_\_\_, consent to this complaint being made on my behalf by (Name of complainant) \_\_\_\_\_ and understand that CDSBC Inspectors will communicate details of the complaint to the complainant on my behalf.

Patient Signature \_\_\_\_\_ Date – M/D/Y \_\_\_\_\_

*\*If you are a parent making a complaint on behalf of a child who is under the age of 15, patient consent is not required.*

*If you are a dentist making a complaint about another dentist, patient consent is not required.*

**Who you are complaining about**

Full name of registrant you are complaining about:

(First and last name of registrant) \_\_\_\_\_

*The complaints process is confidential. If you are making a complaint about more than one registrant, please complete a separate complaint form for each.*

**Your relationship to the registrant**

Patient       Parent of patient       Staff       Other

**Other care providers**

Please list the name(s) of any other CDSBC registrants involved in your care before, during or after the events that led to your complaint.

1. Full name \_\_\_\_\_

2. Full name \_\_\_\_\_

3. Full name \_\_\_\_\_

**Details of your complaint**

What is your complaint about? (Check all that apply)

- Diagnosis and treatment planning
- Quality of treatment
- Ethics
- Health and wellness (e.g. addiction, substance abuse, mental and/or physical ailments)
- Informed patient consent (e.g. cost of treatment, treatment options)
- Infection control (office sterilization)
- Inappropriate delegation of duties (to someone without the requisite training)
- Patient relations (chair-side manner, offering a guarantee, emergency care)
- Access to dental records
- Billing
- Pharmacology (prescribing medications)
- Staff relations
- Promotional activities
- Other (please specify) \_\_\_\_\_

Please provide details of your complaint by describing what took place, including dates, and attach copies of any relevant documents (such as any dental records you may have). Please include reference to any other registrants who were involved in your care. If you need more space, an additional page is provided at the end of this form (you can also attach extra pages).

*Please note: a copy of this complaint will be provided to the registrant.*

Explain what attempts, if any, you have made to resolve the problem. If you have contacted the registrant, please provide details.

If you have not yet contacted the registrant about your concern, we encourage you to print off this form now and send it to him/her to see if you can resolve the problem directly prior to submitting it to CDSBC.

**Desired outcome**

Please outline what you would like to see happen as a result of your complaint.

*Note: CDSBC cannot intervene in fee disputes between registrants and their patients and cannot order the registrant to issue a refund or other compensation.*

**Acknowledgement and signature**

I have read and I understand the following:

- CDSBC will provide a copy of my complaint to the registrant being complained about;
- CDSBC may receive reports/records of other registrants involved in this matter;
- under the *Freedom of Information and Protection of Privacy Act* and the *Health Professions Act*, records gathered in the course of this investigation may be released, upon request, to others whose interests are affected; and
- according to s. 53 of the *Health Professions Act*, records obtained in the course of an investigation cannot be compelled as evidence in a legal proceeding.

Signature of complainant \_\_\_\_\_ Date – M/D/Y \_\_\_\_\_

Please use this page if needed to provide additional details of your complaint.

Initial here \_\_\_\_\_ Date – M/D/Y \_\_\_\_\_