

The College of Alberta Denturists investigates complaints about denturists in Alberta. The information collected on this form, including your personal information, is collected under the authority of the *Health Professions Act* (HPA), and will be used to process your complaint.

Please complete this form. The form can be submitted in one of the following ways:

1. Mail: College of Alberta Denturists

Attention: Complaints Director 405, 10408 124 Street NW Edmonton AB T5N 1R5

2. **Email**: info@abdenturists.ca

3. **Fax:** 780.429.2336

As per section 54(1) of the HPA, a person who makes a complaint to a Complaints Director regarding a regulated member or a former member must do so in writing and must sign the written complaint.

our Information (The Compla	inant)	
Full name:		
Mailing Address:		
City/Province:	Postal Code:	
Phone:	Email:	
correspondence to the the College and its rep Option 2 - Canac	il: I choose email as my main communication preference. Send complete email address provided above. I consent to receive information via email resentatives for the purposes of this complaint. da Post: I choose mail as my main communication preference. Send ence to the mailing address provided above.	

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February 2023 Page 1





Representative Information			
If you are a representative of the have the complainant sign the a		ovide your details, attach any authorizing c	locumentation, and
Full name:			
Mailing Address:			
City/Province:	Post	tal Code:	
Phone:	Ema	ail:	
Relationship to Complainant (e.g	g. guardian, power of att	orney):	
The authorizing documentation	is attached:		
		C	omplainant Signature
Denturist Information			
Denturist Name:			
Clinic Name:			
Clinic Address:			
City/Province:		Postal Code:	
Clinic Phone Number:			

(cont'd on next page)



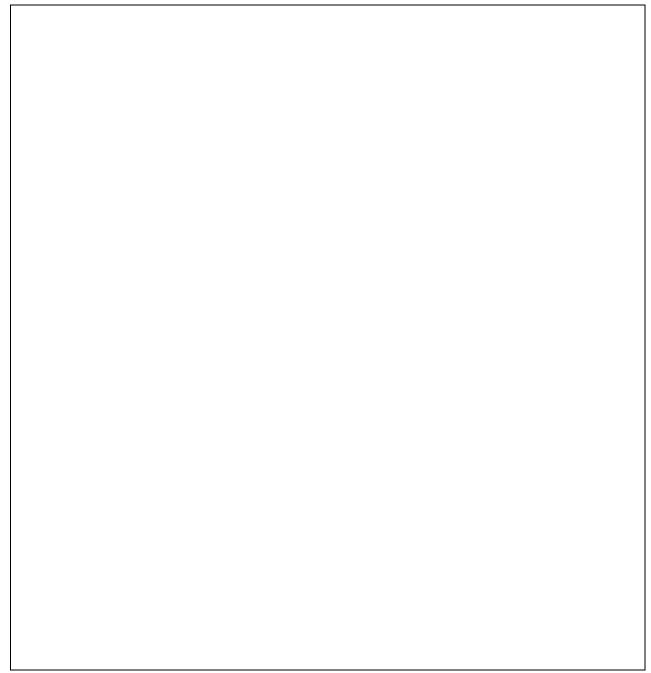


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Provide a clear description of t	he concern you	have abou	ut the denturist who y	ou have identified.	In your description,
include what the denturist did	, or failed to do,	to cause y	ou to contact the Coll	ege:	

- a) what happened
- b) where it happened; and
- c) when it happened (in chronological order).

Please include as much detail as possible	Please	include	as mu	ich deta	il as	possible
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Attach additional pages if necessary



February 2023



Witness Information

Full name:		
Mailing Address:		
City/Province:		Postal Code:
Phone:	Email:	
Information they may have	::	
Full name:		
Mailing Address:		
City/Province:		Postal Code:
Phone:	Email:	
Information they may have	e:	
Full name:		
Mailing Address:		
City/Province:		Postal Code:
Phone:	Email:	
Information they may have	e: 	

Please identify any individual(s), if applicable, who may have information about the incident (e.g., staff, family).

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What do you hope will happen as a result of your complaint?
Note: The College cannot provide nor direct the denturist to provide financial compensation. If you are looking for financial compensation, you may wish to obtain legal advice.
Relevant documents or evidence to support your concern.
If you have any supporting documentation that will assist us assessing your concern: Please submit copies with this form or via email to <u>info@abdenturists.ca</u> . Please itemize and give a brief description below of what you have provided.
Item # Description
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#
#
#
#
#
Attach additional pages if necessary
 I understand and acknowledge that: If accepted by the College, the denturist, as named above, will be notified of my complaint, and will be provided a copy of this submitted form. The College of Alberta Denturists may collect, use and/or disclose the patient's/my personal health information, such as diagnostic, treatment, and patient care information when relevant, and if this matter is investigated any information collected during an investigation will be used for the College of Alberta Denturists professional conduct process. Your information may only be disclosed in accordance with the HPA and the <i>Personal Information Protection Act</i> or with your consent.
Signature
Complainant/Representative Signature Date signed (DD/MM/YYYY)

Your Privacy is Important to Us

We collect, use and/or disclose your personal information with your consent, unless otherwise authorized or required by legislation, to do our work as the regulatory body for the denturist profession. Our work is to protect the public and to guide and regulate Alberta denturists.

February 2023 Page **5** of

