

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.

Your Information (The Complainant)

Full name: _____

Mailing Address: _____

City/Province: _____ Postal Code: _____

Phone: _____ Email: _____

Communication preference:
(please check and initial one option)

Option 1 – Email: I choose email as my main communication preference. Send complaint correspondence to the email address provided above. I consent to receive information via email from the College and its representatives for the purposes of this complaint. _____
Initial

Option 2 – Canada Post: I choose mail as my main communication preference. Send complaint correspondence to the mailing address provided above. _____
Initial

(cont'd on next page)



Representative Information

If you are a representative of the complainant, please provide your details, attach any authorizing documentation, and have the complainant sign the authorization below.

Full name:
_____Mailing Address:

City/Province: _____

Postal Code: _____

Phone: _____

Email: _____

Relationship to Complainant (e.g. guardian, power of attorney):

The authorizing documentation is attached:

Complainant Signature**Denturist Information**Denturist Name:
_____Clinic Name:
_____Clinic Address:

City/Province: _____

Postal Code: _____

Clinic Phone Number:
_____*(cont'd on next page)*

Your Concern

Provide a clear description of the concern you have about the denturist who you have identified. In your description, include what the denturist did, or failed to do, to cause you to contact the College:

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

Please include as much detail as possible.

Attach additional pages if necessary





Witness Information

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

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:

Full name:

Mailing Address:

City/Province:

Postal Code:

Phone:

Email:

Information they may have:

(cont'd on next page)



What do you hope will happen as a result of your complaint?

Note: The College cannot provide nor direct the dentist 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 info@abdenturists.ca.
- Please itemize and give a brief description below of what you have provided.

Item #	Description
#	
#	
#	
#	
#	
#	

Attach additional pages if necessary

I understand and acknowledge that:

1. If accepted by the College, the dentist, as named above, will be notified of my complaint, and will be provided a copy of this submitted form.
2. 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.
3. Your information may only be disclosed in accordance with the HPA and the *Personal Information Protection Act* 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 dentist profession. Our work is to protect the public and to guide and regulate Alberta denturists.

