

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

2000 Perimeter Park Drive
Suite 160
Morrisville, North Carolina 27560
(919) 678-8223



PRACTITIONER COMPLAINT FORM

INSTRUCTIONS

- 1) Please fill in the information listed below. Then answer the questions and state your complaint on the reverse side of this form.
- 2) A copy of your complaint will be given to the dentist being complained against.
- 3) Any person who files a complaint must be willing to appear as a witness, testify and be cross-examined concerning the allegations made in the complaint.

IMPORTANT

The North Carolina State Board of Dental Examiners investigates complaints against dentists and dental hygienists accused of violating the Dental Laws of North Carolina. If the Board of Dental Examiners finds that a licensee has violated the Dental Laws, it may discipline the dentist/dental hygienist by taking action against the license (i.e., suspend or revoke the license.) The Board does not have statutory authority to award monetary damages for pain and suffering, or to require that a dentist/dental hygienist refund fees or pay for any re-treatment.

The North Carolina State Board of Dental Examiners cannot give legal advice or act as your attorney; nor does the Board have jurisdiction over fee disputes.

- You must complete all questions below.
- You must describe the complaint in a clear and concise manner.
- You must sign the complaint form or it will be returned to you.
- If quality of care is an issue, a clinical evaluation (dental examination) of the patient MAY be requested. This will be done at no cost to the patient by an impartial, Board-approved Evaluator.
- You must be willing to participate in a hearing, should one become necessary.

TYPE OR PRINT CLEARLY IN INK

Your Full Name	
Home Address (Street, City, State, Zip Code)	Home Phone
Business Address (Street, City, State, Zip Code)	Work Phone
E-Mail Address:	
Most Convenient Time & Place To Be Interviewed	

(OVER)

LICENSEE(S) COMPLAINED AGAINST

DENTIST'S NAME: _____

Address: _____

OTHER: _____

OTHER: _____

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND CONCISELY

1) Have you discussed your concerns with the dentist or dental hygienist? **YES** **NO**

If "yes", what were you told? _____

If "no", why not? _____

2) If your complaint involves dental treatment, what treatment was rendered by the initial dentist? _____

3) If your complaint involves dental treatment, was the patient seen by any other dentists for follow-up care? **YES** **NO**

If "yes", give the name and address of all dentists, physicians, hospitals and/or clinics visited by this patient.

4) Have you rendered treatment to this patient? **YES** **NO**

If "yes", what treatment did you provide? _____

5) In the space provided, state in full all true facts upon which your complaint is based. If your complaint concerns dental care provided by this practitioner, please include the names and addresses of all patients you have seen with questionable treatment, along with any other pertinent information. If necessary, use additional sheets. Please attach any material which supports your complaint (i.e., correspondence, x-rays, study models, photographs, etc.)

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Fax (919) 678-8472

CERTIFICATION

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE COMPLAINT ARE TRUE TO MY KNOWLEDGE, OR REASONABLY BELIEVED BY ME TO BE TRUE. THIS STATEMENT IS GIVEN FREELY AND VOLUNTARILY.

✓ **PRINT FULL NAME OF PATIENT (if different from complainant)**

✓ **PATIENT'S DATE OF BIRTH**

✓ **PRINT FULL NAME OF COMPLAINANT**

✓ **TODAY'S DATE**

✓ **SIGNATURE OF COMPLAINANT**

North Carolina

_____ *County*

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____.

(OFFICIAL SEAL)

Notary Public

My Commission Expires _____, 20_____.

When complete, return entire complaint form to the Board at the address listed above.