



Complaint Submission Form

Using this Form:

1. The College cannot accept a complaint by telephone. A formal complaint must be filed with the College in writing by e-mail or surface mail, or by audio, videotape, film, recordable medium. You may use this form to submit your complaint.
2. The Complaint Submission Form can be filled out electronically or by hand.
3. Attach any supporting documentation or evidence and submit to the College. College Contact information is provided at the end of this form.

Detailed information regarding the College's Complaints Process is described in the [CDO Guide to the Complaint Process](#)

Section 1. Complainant's Information

1.a) Complainant

Salutation: Ms. Mrs. Mr.

Last Name: _____ First Name: _____

Mailing Address: _____ Unit/Suite: _____

City: _____ Province: _____ Postal Code: _____

Day Phone: _____ Cell: _____

Email: _____

I authorize the College to communicate with me via email

Relationship to Denturist: Patient Colleague Employer Other

If you are not the patient, please describe your relationship (parent, spouse, child, relative, etc.):

Please be advised that if you are filing a complaint on behalf of another individual, the College may require the individual to provide consent to access their personal information relating to the complaint. A consent form will be provided with the acknowledgement letter.



1. b) Patient (if different from the Complainant)

Salutation: Ms. Mrs. Mr.

Last Name:

First Name:

Address:

Unit/Suite:

City:

Province:

Postal Code:

Day Phone:

Cell:

Email:

Section 2: Denturist Information

Name:

Clinic Name:

Clinic Address:

Unit/Suite:

City:

Province:

Postal Code:



Section 3: Complaint Information

Complaint Details - Please provide the details of your concern(s) (i.e. problem with dentures, conduct issues) below or attach as a separate document.



Section 4: Witness Information (if applicable)

Witness's Name #1:

Contact Information:

Witness's Name #2:

Contact Information:

Section 5: Documents Enclosed with Your Complaint

(please list any document(s) enclosed with your complaint)

- 1.
- 2.
- 3.
- 4.
- 5.

Section 6: Acknowledgement

By checking this box and signing below, I confirm that I wish to file a formal complaint concerning the Denturist identified above.

Print Name:

Signature

Date (mm/dd/yyyy)

Section 7: Form Submission

The completed form can be submitted to the CDO by one of the following methods:

Email: complaints@denturists-cdo.com

Subject Line: Complaints

Fax: 416-925-6332

Attn: Complaints

Mail:

Attn: Complaints

College of Denturists of Ontario

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