



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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