COLLEGE OF DENTURISTS OF ONTARIO

Complaint Submission Form

Information regarding the complaint process is available in our Guide to the Complaint Process.

Complainant's Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

I authorize the College to communicate with me via email: ☐

Relation to the Denturist: Patient ☐ Colleague ☐ Employer ☐ Other ☐

Your relationship to the patient (self, parent, spouse, child, etc.): _____

Please be advised that if you are filing a complaint on behalf of another person, the College will require the patient (or their subsitute decision maker) to provide consent to access their personal information relating to the complaint.

Patient's Information (if different from the complainant)

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Denturist's Information

Name:

Clinic Name:

Clinic Address:

City: Province: Postal Code:

Note: if you have concerns about more than one denturist, please complete and submit a Complaint Submission Form for each denturist.

Witness Information

Name: Phone/Email:

Name: Phone/Email:

Name: Phone/Email:

Name: Phone/Email:

Supporting Documentation

Please attach any supporting documentation you have related to your complaint (patient records, invoices etc.)

Acknowledgement

☐ By checking this box and signing below, I confirm that I wish to file a formal complaint regarding the Denturist(s) identified above.

Signature Date

Please return this form to the College by one of the following methods:

Email: complaints@denturists-cdo.com

Fax: 416-925-6332

Mail:
College of Denturists of Ontario
175 Bloor Street East, Suite 601, North Tower
Toronto, ON M4W 3R8

Complaint Information

Please provide the details of your complaint below.