COMPLAINT REPORTING FORM

- All complaints must be in writing and signed
- A separate complaint reporting form must be submitted for each Registered Dental Technologist/Technician (Regulated member) being complained about.
- Please be advised that any and all information provided to the College of Dental Technologists of Alberta (CDTA) may form part of the investigation and is subject to release as authorized by the Health Professions Act (HPA), R.S.A. 2000, Ch 7.

1) Contact information of the person making the Complaint:

Full name: _____

Address: _____

City: _____

Telephone: _____

E-mail address: _____

2) Complainant information (if different than the one filing the complaint : I.E. Business, College etc.):

Full Name: _____

Address: _____

City: _____

Telephone: _____

Relationship to Complainant: _____

3) Name of Regulated member being complained about_____

4) Complete names of other individuals or institutions from which information or records may be obtained:

_____

_____

_____

_____

5) Nature of services provided by the Regulated member and relevant dates:

6) **Provide a clear description of the Complaint regarding a regulated member of the CDTA.** List and attach any documentation pertaining to your complaint. This section must be completed for you to register a formal complaint. Provide a complete list of documents being provided. Please provide all documents you plan to submit at the time of making your complaint. Ongoing submissions of materials may significantly delay the processing of your complaint.

Documents enclosed:

7) **Full description of complaint: Please accept this submission as my formal complaint against**

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8) Authorization for collection, use, release and disclosure of information

I understand my signature on this complaint reporting form will allow the College of Dental Technologists of Alberta:

a) To collect records or other information relevant to my complaint
b) To release and disclose a copy of my complaint to the Regulated member being complained about (complainant), any investigator(s) assigned, any expert(s) requested to review the matter on behalf of the CDTA, and any other process as described under part 4 of the HPA
c) To use, release and disclose, where applicable, and in accordance with the HPA, information concerning my complaint including personal identifiable information In order to investigate certain matters.

By submitting this authorization form, I herby consent to the College of Dental Technologists of Alberta to collect, use , release and disclose of any and all information that may be related to my complaint including personal/confidential information for professional conduct and other regulatory purposes, in accordance with the Health Professions Act and Personal Information privacy act.

_____

Signature of Person making the Complaint Date

_____

Witness Date

Notwithstanding the requirement for your consent for the request of information, section 63 of the Health Professions Act describes the investigation