

**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: \_\_\_\_\_

I agree to receive emails about this complaint

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

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Complainant: \_\_\_\_\_

I agree to receive emails about this complaint

**3) Name of Regulated member being complained about \_\_\_\_\_**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**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:

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

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