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:	

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		

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 m	•			
 To release and disclose a copy of my complaint to the about (complainant), any investigator(s) assigned, a on behalf of the CDTA, and any other process as de 	ny expert(s) requested to review the matter			
c) To use, release and disclose, where applicable, and	•			
concerning my complaint including personal identifia	ble 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				
purposes, in accordance with the Health Professions Ac	t and Personal Information privacy act.			
Signature of Person making the Complaint	Date			
Witness	Date			

8)

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