Saskatchewan Dental Therapists Association

PO Box 26064
RPO Lawson Heights
Saskatoon SK S7K 8C1

COMPLAINT REPORT

(To be completed by the individual making the complaint against the Dental Therapist)

Name of Complainant: _____

Address of Complainant: _____

_____

_____

(phone) _____

(email) _____

Name of Dental Therapist: _____

Name of Dental Therapist's Employer: _____

Describe in detail the problem, event or action of concern. (Include as much detail as possible including persons involved, name of location or facility involved, description of your problem, date(s), and the name, address and contact number of any other person who may have information. Use additional paper if necessary.)

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What are your expectations? (required)

AUTHORIZATION TO PROCEED:
I authorize the Saskatchewan Dental Therapists Association:

- to notify the dental therapist of the aforementioned allegations;
- to release my name to the dental therapist as required; and
- meet the requirements of full disclosure.

Complainant Signature Date

AUTHORIZATION TO RELEASE INFORMATION:
I authorize the release of the aforementioned information and any supporting dental/medical records that I may have provided to:

- The Professional Conduct Committee of the Saskatchewan Dental Therapists Association;
- The Discipline Committee of the Saskatchewan Dental Therapists Association;
- The President of the Association and the Minister of Justice where the Professional Conduct Committee determines that a Criminal Act has occurred;
- The College of Dental Surgeons of Saskatchewan where a subsequent investigation by the College is deemed appropriate by the Saskatchewan Dental Therapists Association.

Complainant Signature Date

The more information you can provide, the easier it will be for the Saskatchewan Dental Therapists Association to look into your complaint. If you need assistance and would like to talk to someone before filing a complaint contact:

Saskatchewan Dental Therapists Association
Executive Director
PO Box 26064
RPO Lawson Heights
Saskatoon SK S7K 8C1
Phone: (306) 280-5163
Email: **contact@sdta.ca**