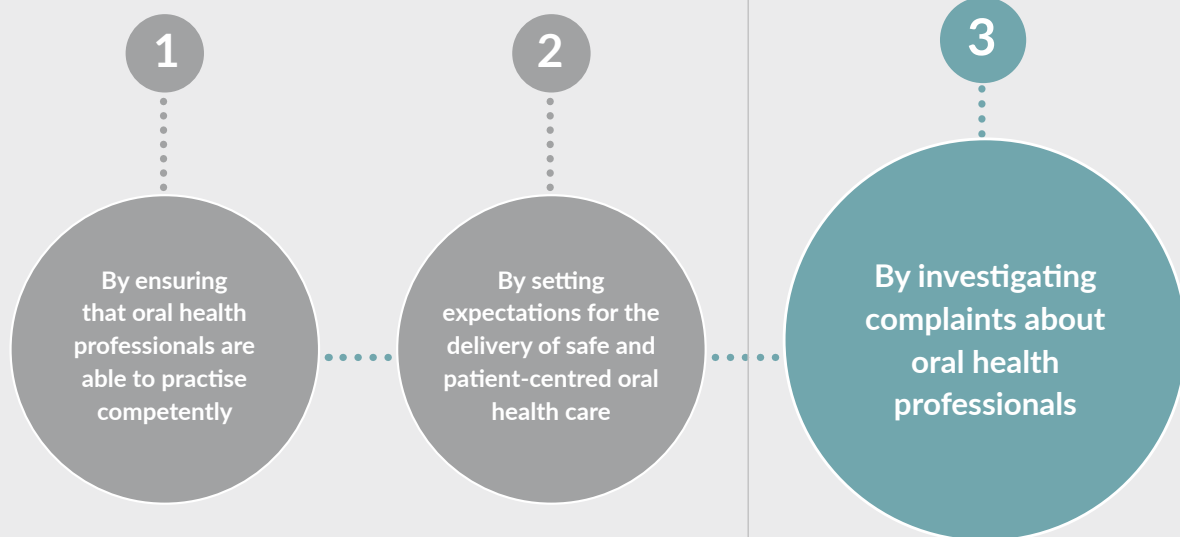


Expectations for clinical and ethical practice

Complaint Form

There are three main ways that the BC College of Oral Health Professionals protects the public:



Before you begin

- BC College of Oral Health Professionals (BCCOHP) ensures British Columbians are served by safe and ethical oral healthcare professionals. Submitting a complaint can help improve the quality of care members of the public receive.
- We investigate every complaint that raises a concern about an oral health professional's conduct or competence. Decisions about how to resolve complaints are made by BCCOHP's Inquiry Committee, which is made up of oral health professionals and members of the public.
- By completing this complaint form, you will be providing us with the information we need to understand your concerns and begin an investigation.
- Your complaint will be handled confidentially: except in the most serious cases, only people involved in the investigation will know about it.
- Your complaint is not anonymous: we will provide a copy of your complaint to the oral health professional you are complaining about, and we will ask them to provide a response. You will receive a copy of their response. This is part of a fair and transparent process.
- Complaints must be made in writing. If you need assistance, our complaints staff can help.

Our authority

BCCOHP investigates and resolves complaints about six types of oral health professionals (registrants):

- dentists
- dental technicians
- dental therapists
- denturists
- dental hygienists
- certified dental assistants

The complaints process is a legal one. All investigations are carried out under the *Health Professions Act* which sets out the authority of the Inquiry Committee. Our authority is limited to what is set out in law.

What you can expect

- ✓ Complaints are dealt with as quickly as possible, taking into account the complexity of the case, and are prioritized according to the assessed risk of harm to the public.
- ✓ The process is transparent, fair, proportionate and focused on public protection.
- ✓ We will keep you informed about the progress of your complaint. When your complaint is resolved by the Inquiry Committee we will provide you with the reasons for the decision.

Actions we cannot take

- ✗ Ordering refunds or financial compensation to patients
- ✗ Providing clinical advice or treatment to patients
- ✗ Intervening in business or financial disputes between registrants
- ✗ Referring patients to a new oral health care professional
- ✗ Providing legal advice to patients or registrants

How to submit a complaint

There are only three things we need to begin the process:

1. Your name and contact information. If you are complaining on behalf of someone else, the name of that person or the person making the complaint (either you or someone you are acting for).
2. The name of the health professional you are complaining about.
3. Details of your complaint.

If you need assistance completing this form, contact us at 647.202.0448 (toll-free: 1.888.202.0448) or by email at complaints@oralhealthbc.ca.

1. About You

Full Name _____ Title _____
Gender _____ Pronouns _____
Address _____
City _____ Province/State _____
Postal Code _____ Phone _____
Mobile _____ Email _____
Date of Birth – M/D/Y (optional) _____

Are you making this complaint on behalf of someone else?

No: **continue to section 2**

Yes: I am acting on behalf of a child under 15 who is in my care (this does not require patient consent; **continue to section 2**)

Full name of minor child: _____

Yes: I am acting on behalf of someone else (this requires the patient to provide consent; please have them complete the Patient Consent section below)

Full name of patient: _____

I am representing the patient for the purposes of this complaint. My relationship to the patient is:
(Example: Parent, guardian, friend, lawyer) _____

Patient Consent

(complete this section if you are submitting a complaint on behalf of someone else)*

If you are making a complaint on behalf of someone else*, BCCOHP requires that person's written consent to the investigation and the release of their patient information as it relates to this complaint.

By my signature below, I (Patient) _____, consent to this complaint being made on my behalf of (Complainant) _____, and understand BCCOHP's complaints staff will communicate details of the complaint investigation to the Complainant on my behalf.

Patient Signature _____ **Date – M/D/Y** _____

**If you are a parent making a complaint on behalf of a child who is under the age of 15, patient consent is not required. If you are a dentist making a complaint about another dentist, patient consent is not required.*

2. Who is your complaint about?

Full name of the oral health profession (registrant) you are complaining about:

(First and last name of registrant) _____

If you are making a complaint about more than one registrant, please complete a separate complaint form for each.

3. Details of your complaint

Please tell us about your experience and the events that led you to file this complaint. You can use the box below or include a separate attachment.

It will be helpful to our investigators if you are able to provide as many details as possible, including:

- dates of treatment and/or interactions with the registrant
- whether you have attempted to resolve this issue with the registrant, and if so, what the results were
- any relevant documents/records
- description of your ideal resolution (outcome) of this complaint

Other oral health care providers

Please list the name(s) of any other BCCOHP registrants who were involved in the events that led to your complaint or who have knowledge of your oral health care status.

1. Full name _____
2. Full name _____
3. Full name _____

Acknowledgement and signature

I agree that as part of the investigation of my complaint:

- BCCOHP will provide a copy of my complaint to the health professional who is the subject of my complaint so that they can respond to it
- BCCOHP may ask other registrants involved in this matter to provide them with relevant reports and/or patient records
- BCCOHP will investigate every complaint that raises a concern about an oral health professional's conduct of competence but cannot order refunds or financial compensation to patients

Signature (required) _____ **Date – M/D/Y** _____