

Complaint Form

We take complaints of unprofessional conduct by dental assistants seriously. To make a complaint about a dental assistant, please complete this form and mail it to:

College of Alberta Dental Assistants Complaints Director 166–14315 118 AVE NW EDMONTON AB T5L 4S6

All complaints must be signed. We can't consider anonymous complaints.

Your Information

Name	Phone Number		
Address	Alternate Phone Number		

Dental Assistant Information

Dental Assistant's Name	Dentist's Name
Dental Office Name and Address	Dental Office Phone Number

Date(s) of Incident(s) or Concern(s)

Please consider this a formal complaint against the dental assistant named above.

Signature	Date	Date		
Sep. 12, 19			1	
166-14315 118 Ave NW, Edmonton, AB T5L 4S6	P 780-486-2526	TF 1-800-355-8940	W abrda.ca	

Please provide as much information as you can.

The Complaints Director will contact you after receiving this complaint.

Details

Provide as much detail as you can about what happened, who was present and any conversation that might be relevant. Attach additional pages as necessary.

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