

# Complaint Form

Use this form to report concerns of unprofessional conduct by a dental assistant. To file a complaint against multiple dental assistants, please submit a separate form for each individual. Submit your completed form to:

College of Alberta Dental Assistants  
Complaints Director  
166-14315 118 AVE NW  
EDMONTON AB T5L 4S6  
professionalconduct@abrda.ca



## Complaint Information

Full name of dental assistant	Registration number, if known
Clinic name, address, and phone number where the dental assistant works	Dentist's name
Where did the incident(s) occur, if different from the clinic named above	Date of incident(s)
Describe the events leading up to your complaint in the order they happened. Attach any documents that support your position. Provide as much detail as possible.	



## Your Information

Name		
Mailing address		
Email address	Home phone number	Cellular number
How should we address you when writing to you? <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Mx. <input type="radio"/> First name. <input type="radio"/> Other _____		
Correspondence consent  I agree to receive correspondence relating to this complaint via email <input type="radio"/> Yes <input type="radio"/> No		

## Other action taken

Have you taken steps to resolve this matter directly with the dental assistant and/or their employer? <input type="radio"/> Yes <input type="radio"/> No   If yes, include all relevant information.
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Have you submitted a complaint to another organization, for example, law enforcement, human rights, or others?

Yes  No If yes, include all relevant information.

## Witnesses

List any individuals who you believe may have firsthand knowledge about the incident(s). Include their name, contact information and describe the information they may have about the incident(s).



## Resolution or outcome sought

Note: We cannot provide financial compensation nor direct the dental assistant or their employer to provide financial compensation. If you are seeking compensation, you may wish to contact your dentist or the clinic manager. Alternatively, you may wish to obtain legal advice.

Describe what you hope will happen as a result of your complaint to us.

## Acknowledgment

I have read and I understand that the College of Alberta Dental Assistants will:

- if the complaint is accepted, notify the dental assistant named above and provide them with a copy of the complaint.
- collect, use, and disclose all information related to this complaint, including personal and health information for regulatory and conduct-related purposes in accordance with all applicable legislation.

## Sign and date the complaint

We cannot accept anonymous complaints. Under section 54(1) of the *Health Professions Act*, a written complaint must be signed. An electronic signature carries the same legal validity as a handwritten signature.

By signing below, I confirm that the information in my complaint is accurate to the best of my knowledge. I understand that the College of Alberta Dental Assistants may collect information about me and, where applicable, about the patient if they are a different individual. This may include personally identifiable information.

Name of complainant	
Signature of complainant	Date of signing

Dec 19, 25