NSRDDA | Nova Scotia Regulator of Dentistry and Dental Assisting

COMPLAINT FORM

The role of the NSRDDA, (the "Regulator), is to ensure that the dentists and dental assistants who provide care to Nova Scotians are safe, competent, and ethical.

One of the ways that the dental regulator fulfills its role is by investigating complaints.

If you are unhappy with the dental care you have received, we encourage you, if possible, to talk about your concerns directly with your dentist.

If this is not possible, or direct communication with you dentist has not resolved your concerns, you may wish to submit this claim form which will be reviewed by the Registrar. The Registrar will then investigate according to the process outlined in legislation.

Submitting your complaint

Mail to : NSRDDA 103-210 Waterfront Drive Bedford, NS B4A 0H3	Email to: reception@nsrdda.ca
	Fax to: (902) 492-0301

1. Personal Information about You (the "Complainant")

First name: _____ Last name: _____

Preferred phone #: _____ Email address: _____

Address: _____

_____

_____

2. Identification

Please indicate if you are a patient involved in this matter or if you are filing the complaint on behalf of a patient. (Check one.)

☐	I am the patient
☐	I am filing the complaint on behalf of a patient.
☐	This complaint is not related to a specific patient.

Please identify the dentist or dental assistant (the "registrant") who is the subject of your complaint. (If you have a complaint about more than one, please complete a separate submission for each one.)

Registrant's name: _____

Registrant's practice address: _____

_____

How would you best describe your relationship with the registrant? (Check one.)

☐	Patient of the registrant	☐	Colleague or coworker of the registrant
☐	Parent of caregiver of a patient	☐	Member of the public
☐	Registrant's employer	☐	Other (Describe):

Have you attempted to address your concerns directly with the registrant or others at the registrant's clinic?

☐ Yes ☐ No

3. Complaint details

Approximate date or date range of your concerns: _____

Location (e.g., clinic name) where concerns took place): _____

In your own words, please describe your complaint in detail. (Feel free to attach an additional or separate document, including any dental records in your possession or other documentation which mat be helpful in the investigation.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ **Check if additional document attached**

Please provide the names and contact information for any other dentists or health care professionals (if any) you have consulted about this matter or who may have information pertinent to your complaint.

1. _____
2. _____
3. _____
4. _____

4. Summary

Please recap your concerns in point form.

1. _____

   _____
2. _____

   _____
3. _____

   _____
4. _____

   _____

5. Disclaimers and Consent

☐ I declare that I am the person identified as the "complainant on this form.

☐ I understand that this complaint process in not anonymous and that my identity will be disclosed to the dentist or dental assistant named in my complaint as directed by the *Regulated Health Professions Act*.

☐ I understand that the Registrar or other investigator of this complaint will obtain any dental or medical records necessary for the investigation of this complaint.

☐ I understand that the Regulator does not determine the fees charged for dental services and has no ability in legislation to settle fee disputes, require dentists to refund fees, or settle disagreements about insurance coverage.

☐ I understand that any information obtained through the complaint process is not compellable in any legal or civil proceeding. This is in accordance with the *Health Professions Disciplinary Proceedings Protection Act*, SNS 2008 and the *Regulated Health Professions Act* (2023).

☐ I understand that the complaint process is confidential and all people who obtain information through this process, such as our staff, people who make complaints, registrant(s) named in complaints, witnesses and committee members, are required by law to keep that information confidential unless the *Regulated Health Professions Act* specifically permits otherwise. You should not publicly discuss this complaint, including information which may reasonably identify registrants or patients. This does not stop you from seeking appropriate support from your legal counsel or other support persons. Once a matter is concluded, NSRDDA will make decisions regarding what information, if any, may become publicly available.

☐ I will maintain respectful communication with the Regulator's staff whether in writing, over the phone, or in person.

_____ _____

Complainant's signature (or, if completing fillable PDF, name and email address to confirm consent).

Date