

The College of Denturists of BC – Complaint Form

This is a standardized complaint form designed to assist complainants to provide the College with the information about your complaint. Use of this form is optional. Please note that all complaints must be received in writing.

Please answer the following questions and provide specific details of your complaint.

Today's Date _____

Name of Patient - _____

Address of Patient - _____

Telephone Numbers - (H) _____ (W) _____

Email address if any - _____

Name of Denturist - _____

Address of Denturist - _____

Date of Initial Examination - _____

Other Dates of Services - _____

Specific Service Received - _____

Please use additional paper to provide any additional information you think might be useful for the Inquiry Committee to consider. Please be as specific as possible.

Complainants Signature

Return to:
College of Denturists of BC
#101 – 309 Sixth Street
New Westminster, BC V3L 3A7