

The College of Denturists of BC – Complaint Form

This is a standardized complaint form designed to assist complainants in providing the College with information about their 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.

Your Name (Complainant): _____

Your Address: _____

Telephone Numbers: H _____ W _____

Email Address: _____

Denturist Name: _____

Denturist Address: _____

Date of Initial Examination: _____

Date of Services Received: _____

Type of Denture: _____

Specific Service Received: _____

Amount Paid: _____

Use additional paper to provide any other information you think might be useful for the Inquiry committee to consider. Please be as specific as possible and attach any applicable documents.

Date

Complainant Signature

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