



CDSS COMPLAINT RESOLUTION PROCESS
COMPLAINT FORM

FORM PRESCRIBED FOR SUBMISSION OF COMPLAINTS IN RESPECT TO DENTAL SERVICES

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

Patient's Name
Complainant's Name (if different from above)
Address
Telephone: Residence Work Email
Best time/place to call
Name of Dentist
Address
Specific Service Received

Date of Initial Examination

Were X-rays taken? Yes No

Date(s) of Service Received

Exact Fee Charged

Exact Amount Paid

Balance Owing (if any)

Has the dentist started collection proceedings for monies owed? Yes No

State if you are: A regular patient of this dentist Yes No
An occasional patient Yes No
An emergency patient Yes No
Other

Have you attempted to resolve this matter with the dentist/clinic? Yes No

Complainant's Signature

Please provide specific details of the complaint on the forms (pages 2&3) enclosed for this purpose

About the CDSS Complaint Resolution Process:

1. The CDSS's role is to regulate the profession to ensure the safety of the public in dental health matters. Complaints are processed according to the Dental Disciplines Act (1997) by the Professional Conduct Committee (PCC). The Complaint Resolution Process **cannot promise** recovery of treatment costs to patients **or** third-party payers and **does not** consider compensation for pain, suffering, travel and other costs related to treatment provided by a CDSS member. Some financial remedies **may** be included in the PCC Consent to Conditions agreement or a Discipline Committee decision.
2. Before, during or following the complaint, you may want to seek legal advice regarding remedies for pain, suffering, travel reimbursement and other costs. Please note that under the Statute of Limitations, there is a limited time frame during which you can initiate this type of civil action which would be addressed and determined by the courts on its own merit.
3. The CDSS cannot proceed on a complaint against a member more than 2 years after the day he or she is no longer licensed in Saskatchewan. The CDSS has no authority to discipline dentists who are not licensed to practice in the province of Saskatchewan. Any complaints involving these dentists should be addressed in the jurisdiction where the dentist in question is licensed to practice.
4. Upon receipt of a complaint, the Professional Conduct Committee (PCC) may request an assessment and report from the Quality Assurance Committee (QAC). The QAC, which is made up of independent dentists, exists to assess and improve the quality of care based on principles of best practice and standardization of care, appropriateness of care, and improved access to care. The QAC will review all aspects of the complaint including the complaint documents, the response from the dentist and the dental records and provide an assessment report to the PCC. The PCC, which includes independent dentists and a representative of the public appointed by the Government of Saskatchewan, will review the QAC report, the complaint documents, the dentist's response, the dental records and all other information provided, to determine how the matter is to be resolved pursuant to the DDA, Sec 29(2)(b)(ii).

Nature of the Complaint

Please indicate the nature of your complaint with as much detail as possible. Such information may be 'typed' or in your own handwriting. If you have original receipts, quotes on costs, or claim forms, please include a copy of this information. Keep the originals for your own records.

Nature of the Complaint (continued):



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RELEASE AND UNDERTAKING

TO: Members of the Professional Conduct Committee

The undersigned understands that the above Professional Conduct Committee is comprised of practicing dentists and a public member. The undersigned confirms that the identity of individual members of the Professional Conduct Committee is of no consequence to the undersigned and accordingly, in consideration of the Committee investigation the complaint submitted in writing dated hereby releases and forever discharges all members of the Professional Committee of The College of Dental Surgeons of Saskatchewan of and from all manner of actions, causes of action, suits and claims whatsoever which the undersigned now has or hereafter can, shall or may have for or by reason of any act of them in connection with or by reason of any fact arising from or during the course of the aforesaid complaint and the undersigned irrevocably undertakes not to institute any action against such members arising out of such acts, omissions or decisions.

IN WITNESS WHEREOF the undersigned complainant has duly signed and delivered this Release and Undertaking on this day of, 20.....

.....
Signature of Witness

.....
Printed Name of Witness

.....
Complainant's Signature

.....
Printed Name of Complainant



CDSS COMPLAINT RESOLUTION PROCESS

Page 5
Form 1A-4

COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN
RELEASE OF MEDICAL/DENTAL INFORMATION

THIS IS YOUR AUTHORITY and direction to make copies of, and release to the Professional Conduct Committee of the College of Dental Surgeons of Saskatchewan my complete dental records, including history, examination, x-rays, consultation reports, progress reports, treatment records, diagnostic models and financial records with respect to the complaint and THIS SHALL BE YOUR GOOD AND SUFFICIENT AUTHORITY FOR DOING SO.

Dated atthis day of, 20.....

.....
Patient's / Complainant's Signature

.....
Patient's Name