

CDSS COMPLAINT FORM



All dental patients have the right to informed choice and the right to expect professional care from their dentists.

If you have concerns with the professional care you have received, please attempt to first discuss your concerns with your dentist.

If this approach does not resolve your concerns or fit the situation, you can:

1. Complete this form to submit a formal complaint to:

Mailing Address:

College of Dental Surgeons of Saskatchewan
1202 – 201 1st Avenue South the Tower at
Midtown Saskatoon, SK S7K 1J5

Email: complaints@saskdentists.com

2. Contact the College of Dental Surgeons of Saskatchewan (306-244-5072 ext. 225) to discuss your next step.

THE COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN'S COMPLAINT RESOLUTION PROCESS

The role of the **College of Dental Surgeons of Saskatchewan (CDSS)** 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 Professional Conduct Committee consists of both independent dentists and a public representative appointed by the government.

The College's complaint process is different from a civil legal action and independent of any civil legal action.

Legally, the College **cannot**:

- act as a patient complainant advocate or a dentist advocate.
- provide legal services to patient complainants or dentists.
- direct any patient care including dental opinion, diagnosis, treatment planning, referral, and recommendation of dentists.
- provide copies of dental records.
- respond to complaints about dental assistants, dental hygienists, dental therapists, dental technicians, or denturists, as these dental professionals are regulated by their own colleges.
- represent third party payers or insurers.
- act on complaints about third party payers or insurers.
- proceed on a complaint against a member more than two (2) years after the day he or she is no longer licensed in Saskatchewan.
- 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.

The Complaint Resolution Process:

- **cannot** promise recovery of treatment costs to patients or third-party payers.
- **does not** consider compensation for pain, suffering, travel, and other costs related to treatment provided by a CDSS registrant.

Before, during, or following the complaint, you may want to seek legal advice regarding compensation for treatment, 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.

WHAT HAPPENS TO MY COMPLAINT TO THE COLLEGE?

1. Upon receiving a call, regarding a concern or a complaint, the College office will forward to the complainant all necessary forms to file a complaint. Included is a release form, which allows the College to access your personal health information and dental records.
2. Upon receiving the signed, fully completed forms from a complainant, the complaint is reviewed by the CDSS Registrar to determine if the complaint has merit in being investigated by the College.
3. Once the Registrar determines the case can be investigated, the College office will request the dentist named in the complaint to respond specifically to the written complaint.
4. The complaint is then reviewed and investigated by members of the Professional Conduct Committee (PCC). Depending on the relevant information provided, the PCC **may investigate the matter by taking any steps it considers proper** [DDA s30(1)].
5. The PCC, which includes independent dentists and a representative of the public appointed by the Government of Saskatchewan, will review 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(3).
6. On completion of its investigation, the PCC shall provide a copy of a "Written Report" to the College Council, the person (if any) who made the complaint, and the dentist whose conduct is the subject of the complaint [DDA s29(6)].

CDSS COMPLAINT RESOLUTION PROCESS COMPLAINT FORM

FORM PRESCRIBED FOR SUBMISSION OF COMPLAINTS IN RESPECT TO DENTAL SERVICES

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

Have you attempted to resolve this matter with the dentist or dental clinic? Yes: No:

Patient's Name:

Complainant Name (if different from above):

Date of Birth of Patient:

Address:

City/Prov:

Postal Code:

Telephone:

Email:

Best Time to Contact:

Dentist Name:

Clinic Name:

Address:

City:

State if you are:

A regular patient:

Yes:

No:

An occasional patient:

Yes:

No:

An emergency patient:

Yes:

No:

Other:

Complainant's Signature

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Date of Initial Examination:

Were x-rays taken?

Yes:

No:

Date(s) of treatment(s) or service(s):

Specify the types of treatment(s) or service(s):

Exact fee charged:

Exact amount paid:

Account balance owing (if any):

Has the dentist started collection proceedings for monies owed?

Yes:

No:

NATURE OF THE COMPLAINT:

Please describe the incident or behaviour that concerns you with as much detail as possible. If you need more space, a separate page of your type written or handwritten notes can be attached to this Complaint Form.

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From your description of the incident or behaviour, please describe the exact action(s) that the dentist did or did not do that causes you to submit this complaint.

Please describe any steps you may have already taken to resolve your complaint.

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Please describe what you hope will happen as a result of making a complaint.

- Note: The College cannot direct or arrange patient care and has no authority to provide compensation for pain, suffering, travel, and other costs related to treatment provided by a CDSS registrant.

Please include a copy of any receipts, cost estimates, insurance claim forms, treatment plans, or correspondence. Keep the original documents for your own records.

THE COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN

COMPLAINT PROCESS CONSENT FORM

I CONFIRM THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

- I am submitting a formal complaint against the dentist(s), licensed by the College of Dental Surgeons of Saskatchewan, named in this form.
- The College can investigate my complaint by using my relevant personal health records and by taking any steps it considers proper [DDA s30(1)].
- The dentist(s) licensed with the College and named in this complaint will be informed of the complaint and sent a copy of this Complaint Form and all relevant information gathered during the investigation of my complaint.
- If I do not fully complete this form or participate in the investigation when engaged by the Professional Conduct Committee, my complaint may be dismissed for lack of information.
- The College's Registrar can dismiss my complaint if it is vexatious or slanderous in nature or has already been investigated on my behalf by the PCC.
- The College has no authority to provide financial compensation or restitution to complainants for pain, suffering, travel, and other costs related to treatment provided by a CDSS registrant.
- I have the option to seek legal advice regarding claims for financial compensation or restitution for treatment, pain, suffering, travel reimbursement, and other costs.
- The intention and purpose of a complaint to a regulatory authority is in the spirit of quality assurance in the public interest to ensure accountability of individual dentists and the profession overall in complying with the best practices, standards, and professionalism of dental care.
- Due to the variations in the complexity of complaint investigations, the timeline for resolution of a complaint is estimated to take at least 6 months. The CDSS **cannot guarantee a timeline** for completion of the investigation.
- The outcomes of the investigation by the Professional Conduct Committee **can only be** one or more of the following actions per the Dental Disciplines Act [s29(3)]:
 - a) make a written report to the discipline committee recommending that the discipline committee hear and determine the formal complaint set out in the written report;
 - b) make a written report to the discipline committee recommending that no further action be taken with respect to the matter under investigation;
 - c) refer the complaint to mediation, if the professional conduct committee decides that the complaint is of concern only to the complainant and the investigated

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- member, both of whom agree to mediation;
- d) require the investigated member to appear before the professional conduct committee, or a panel of the committee, to be cautioned;
 - e) require the investigated member to complete a specified continuing education or remediation program;
 - f) accept the voluntary surrender of the investigated member's registration or licence;
 - g) accept an undertaking from the investigated member that provides for one or more of the following:
 - (i) assessment of the investigated member's capacity or fitness to practise in the profession;
 - (ii) counselling or treatment of the investigated member;
 - (iii) monitoring or supervision of the investigated member's practise;
 - (iv) completion by the investigated member of a specified course of studies by way of remedial training;
 - (v) placing conditions on the investigated member's right to practise in the profession;
 - (h) take any other action that the professional conduct committee considers appropriate that is not inconsistent with or contrary to this Act or the bylaws.
- A confidential "Consent to Conditions' agreement, an action of (h) above, may be utilized by the Professional Conduct Committee with the dentist to achieve a resolution in the public interest in an efficient manner.
 - Details of the **investigation** and **conditions** within a Consent to Conditions agreement **will not** be shared with the complainant, so as not to bias or contaminate a Discipline Hearing Panel if the matter is not resolved.
 - In the event of a Discipline Hearing, the complainant is entitled to attend the hearing and will be advised orally or in writing by the Registrar of the date, time, and place of the hearing.

Patient / Complainant's Signature

Printed Name of Patient / Complainant

Date

CDSS COMPLAINT RESOLUTION PROCESS

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 Conduct 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 irrevocable 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

Signature of Patient / Complainant

Printed Name of Patient / Complainant

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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 at _____ this _____ day of _____, 20_____.

Patient / Complainant Signature

Printed Name of Patient / Complainant