CDSS COMPLAINT FORM

The College of Dental Surgeons of Saskatchewan

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

   OR:

   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 investigated 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.

The CDSS' complaint process is different and independent from any civil legal action.

We CAN investigate…	We CANNOT investigate…
Under the DDA, we have the authority to investigate complaints concerning allegations of the following: **Professional Incompetence pursuant to subsection 26 of the DDA:** This means that a professional does not have the knowledge, skills, or judgment needed to do their job safely and properly, or that they do not adequately consider the well-being of the people they serve. The concern must be serious enough to suggest that the professional may not be fit to: • Continue practising their profession; or • Provide certain services that would normally be part of their profession. **Professional Misconduct pursuant to subsection 27 of the DDA:** This means that a professional has acted or behaved in a way that does not meet the standards or requirements of their profession. This can include conduct that: • Fails to maintain the standards of practice; • Fails to adhere to the CDSS Code of Ethics; • Demonstrates abuse of a person verbally, physically, or sexually; • Fails to exercise appropriate discretion with respect to the disclosure of confidential information under the *Health Information Protection Act* (HIPA); • Harms, or could harm, the best interests of the public or members of the professional association;	Under the DDA, we do not have the authority to: • Promise recovery of treatment costs to patients or third-party payers; • Consider compensation for pain, suffering, travel, and other costs related to treatment provided by a CDSS Registrant; • Act as a patient complainant advocate or a dentist advocate; • Suggest a dentist for you; • Require individual dentists to participate in government-funded dental programs; • Provide legal services to patient complainants or dentists; • Direct or coordinate any patient care including dental opinion or advice, diagnosis, treatment planning, referral, and recommendation of dentists; • Provide copies of dental records; • Provide a copy of the dentist(s) response to your complaint; • Represent third party payers or insurers; • Act on complaints about third party payers or insurers; • Proceed with a complaint against a member more than two (2) years after the day he or she is no longer licensed in Saskatchewan as pursuant to subsection 25.2(1) of the DDA.

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

We CAN investigate …	We CANNOT investigate…
• Damages, or could damage, the reputation of the profession; • Fails to adhere to the DDA or the CDSS' bylaws; or • Fails to follow an order made by the Professional Conduct Committee, Discipline Committee, or Council of the professional association. **Incapacity pursuant to section 25.3 of the DDA:** This means that a registrant has or had a medical, physical, mental, or emotional condition, disorder or addiction that: • Renders or rendered the registrant unable to practise with competence, or • Endangers or may have endangered the health or safety of patients.	• 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.

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 the signed, fully completed forms from a complainant, our administrative staff will send you a letter or email letting you know that the complaint has been received. Your complaint will then be forwarded to the CDSS Registrar to determine if the complaint has merit in being investigated by the CDSS.

   The scope of the review by the Registrar is limited to if:
   a. The complaint is complete;
   b. The complaint is within the jurisdiction of the College;
   c. The complaint is frivolous or vexatious;
   d. The complaint constitutes an abuse of process; and
   e. The facts alleged, even if proven, do not constitute professional misconduct or professional incompetence within the meaning of the Act.

   Further, the Registrar does not have investigatory powers akin to the Professional Conduct Committee in conducting a preliminary review. In the event of a conflict of interest, the Deputy Registrar will act in conducting the preliminary review.

2. The CDSS can investigate your complaint by using your relevant personal health records and by taking any steps it considers proper pursuant to subsection 30(1) if the *Dental Disciplines Act.* This includes obtaining copies of your dental records from the dentist(s) named in your complaint as well as from any other dentist registered with the CDSS.

3. 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** pursuant to subsection 30(1) of the *Dental Disciplines Act*. This may include requiring a response from the CDSS Registrant named in the complaint. In order to facilitate an accurate and thorough response from the registrant, your Complaint Form will be provided to the CDSS Registrant. Your complaint will not be anonymous.

4. The PCC, which includes independent dentists and a representative of the public, 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 subsection 29(3) of the *Dental Disciplines Act.*

5. On completion of its investigation, the PCC shall provide a letter of resolution to the person (if any) who made the complaint and the dentist whose conduct is the subject of the complaint.

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:

Date of Initial Examination:

Were x-rays taken? Yes: ☐ No: ☐

CDSS COMPLAINT RESOLUTION PROCESS COMPLAINT FORM

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. Please provide the names and contact information of any witnesses (family members, friends, oral health care professionals, dental clinic staff) for the incident. If you need more space, a separate page of your type written or handwritten notes can be attached to this Complaint Form.

CDSS COMPLAINT RESOLUTION PROCESS COMPLAINT FORM

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. Please provide the names and contact information for any other dentists or other healthcare professionals that you have consulted about this matter or who have information pertinent to your complaint.

CDSS COMPLAINT RESOLUTION PROCESS COMPLAINT FORM

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

- Note: The CDSS 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 (CDSS), named in this form.
- The CDSS can investigate my complaint by using my relevant personal health records and by taking any steps it considers proper pursuant to subsection 30(1) of the *Dental Disciplines Act.* This includes obtaining copies of my dental records from the dentist(s) named in my complaint as well as from any other dentist registered with the CDSS.
- The dentist(s) licensed with the CDSS 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. The complaint process is not anonymous, and my identity will be disclosed to the dentist regarding my complaint.
- I will not be provided with a copy of the dentist's response to my complaint.
- The submitting of a formal complaint against a dentist(s) may risk the dentist-patient relationship. The dentist-patient relationship is based on trust and confidence, and the submission of a complaint may damage the relationship. As a result, the dentist may dismiss you when notified of the complaint.
- The complaint process is confidential. All people involved in the complaint process are required to keep confidential all information received through the complaint process. At the conclusion of the investigation, information regarding the investigation will be shared in a manner that is consistent with the results of the investigation. The complainant will not be identified in any published material.
- 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.
- If I do not fully complete this form or participate in the investigation when engaged by the Professional Conduct Committee (PCC), my complaint may be dismissed for lack of information.
- It is important to know that a formal complaint submitted utilizing a generative artificial intelligence (AI) tool may contain information that may not be correct or the most accurate for your situation. For example, AI generated information may reference legislation, bylaws, or citations from other provinces or countries that do not apply to your situation, the province of Saskatchewan or the CDSS. To assess your complaint, the CDSS requires the information in the complaint to be concise, clear, and personal. The CDSS suggests using your own individual words to describe the circumstances of your concern. The complaint does not need to reference legislation or case law. Also, if an AI generated complaint is excessively long or difficult to understand, the CDSS may require you to state your complaint more simply and clearly.

THE COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN
COMPLAINT PROCESS CONSENT FORM (CONTINUED)

- The CDSS 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 CDSS is committed to communicating with you in a respectful, professional, and civil manner. As such, the CDSS expects you to extend the same courtesy to its staff. In an effort to ensure a safe and respectful workplace and to facilitate the orderly administration of the complaint process, the CDSS will not tolerate inappropriate behaviour or communications towards its staff.

  This includes:

  a) Aggressive, threatening, intimidating or shouting behaviour;

  b) Demeaning, harassing, insulting, or abusive comments;

  c) Racist, discriminatory, obscene, or profane statements; and

  d) Sexual harassment.

  I understand that behaviour and communication of the aforementioned kind may result in the CDSS communicating with me only in writing or otherwise restricting future communications with me.

- The CDSS 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.

- Due to the variations in the complexity of complaint investigations, the timeline for resolution of a complaint is estimated to take a minimum of 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 pursuant subsection 29(3) of the *Dental Disciplines Act:*
  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 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 license;

THE COLLEGE OF DENTAL SURGEONS OF SASKATCHEWAN COMPLAINT PROCESS CONSENT FORM (CONTINUED)

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 practice 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 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 **PCC investigation** and/or **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

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 _____(city) this_____day of _____, 20_____.

_____ _____

Patient / Complainant's Signature

Printed Name of Patient / Complainant