

Complaint Form



Georgia Board of Dentistry
2 Martin Luther King Jr. Drive SE
East Tower, 11th Floor
Atlanta, GA30334
Main Phone:(404) 651-8000
Fax: (470) 386-6137

Instructions:

Complete all applicable fields. Please note that if your complaint is illegible or incomplete processing will be delayed and your complaint may be returned to you. This form can be printed and mailed, or faxed to the address or number above. You can also submit this form directly to this agency using the "SUBMIT" button. The Board does accept anonymous complaints, however, there must be sufficient evidence submitted, absent the identity of the complainant, for the Board to determine whether a sanction may be warranted.

Person Filing Complaint	First Name:				MI:	Last Name:	
	Street:				Phone:		
	City:		State:	Zip Code:		Email:	
	Relationship to patient:		Self	Parent/Legal Guardian	Other:		
Patient	Date of Birth:						
	Same as Person Filing Complaint (If same, add date of birth above, and skip to next section)						
	First Name:				MI:	Last Name:	
	Mailing Address:						
Licensee your Complaint is Against	Dentist		Dental Hygienist		Unlicensed Practice		License Number:
	First Name:				Last Name:		
	Street:						
	City:		State:	Zip Code:		Phone:	
Other Health Providers Consulted	First Name:				Last Name:		
	Street:						
	City:		State:	Zip Code:		Phone:	
	First Name:				Last Name:		
	Address:				Phone:		

Please clearly indicate the nature of your complaint. Enclose copies of any records or supporting documentation you may have to support your complaint. ** Please note if we are unable to read your complaint, or your complaint is incomplete, processing will be delayed. **

Action by Another board or Agency
Advertising Violation
Assisting the Unlicensed Practice
Criminal Conviction
Excessive Treatment:

Failure to Diagnose
Failure to Supervise Staff
Fraud
Medical Records Release
Mental/Physical Impairment

Patient Abandonment
Predatory Billing Practices
Substandard Care
Unethical Conduct
Prescribing Violation

Other

You may attach additional sheets if needed.

Send to:
Georgia Board of Dentistry
2 Martin Luther King Jr. Drive SE
East Tower, 11th Floor
Atlanta, GA 30334

Fax: 470-386-6137
Email: complaints.dentistry@dch.ga.gov

I certify that the above information is true and correct to the best of my knowledge and belief. I have read and understand the complaint process, and the possible resolutions of my complaint.

Signature:

Date:



Georgia Board of Dentistry

Records Release Form

I, _____, hereby authorize Dr. _____

and any health care provider who has provided health care to me in connection with the treatment that is the subject of this complaint or any complications rising therefrom, to provide the Georgia Board of Dentistry or its authorized representatives, any and all information relevant to me or my dependent's physical/dental condition, all treatment records, billing records, which may be requested including but not limited to reports, evaluations, x-rays or other diagnostic tools, prescriptions, progress notes, order sheets, admission forms, laboratory reports, nurses' notes, incident reports, and consultation records for:

Patient's Name

Authorized Person Name (if applicable)

Patient's Date of Birth

I understand that the information released will be part of the Dental Board investigative file and that such information is confidential as provided in the Dental Practice Act.

I agree that a photocopy of this authorization and signature has the same force and effect as the original.

The authorization is limited neither in time nor medical/dental subject area.

This authorization shall act as a revocation of any and all releases provided to the Board of Dentistry involving the subject matter of this release which I may have signed prior to the effective date here.

Signature of Patient or Authorized Person

Date

THE COMPLAINT PROCESS

The Georgia Board of Dentistry is responsible for enforcing and regulating the Georgia Dental Practice Act and the rules adopted by the Board. The Board through its Compliance and Investigations Division investigates complaints involving licensed professionals to determine if the allegations may be a violation of the law and rules governing the practice of Dentistry. All complaints are reviewed by the Investigative Committee Chairperson and management staff to determine if the complaint is within the Dental Boards jurisdiction.

What are types of complaints that do not fall within the Board's jurisdiction?

- Rudeness or poor chair-side manner, rudeness or poor customer service from dental office staff.
- Complaints against practitioners other than dentists and dental hygienists. Complaints against other practitioners should be directed to the appropriate licensing agency;
- Complaints against dental facilities/dental labs/dental assistants/mobile dentistry or on-line dental companies. You must provide the name of the Dentist licensed in Georgia responsible for these entities.
- Complaints concerning billing/insurance/refunds. (Allegations of improper billing or predatory billing will be reviewed).
- Employee/Employer disputes. Complaints over wrongful termination or other employee/employer issues.

How do I file a complaint?

- **A complaint must be in writing.** You may use this form to submit a complaint or you can go online to gbd.georgia.gov and complete the online form.
- Complaints concerning a dentist's failure to provide records upon request must include written proof of your request for records (such as a return receipt or delivery notice). Patients must allow 30 days for the dentist to produce records.

How are complaints investigated?

- First, determination is made that the Board has authority (jurisdiction) to act on the complaint.
- If the complaint is determined to be jurisdictional and a possible violation has occurred, the complaint will be referred for further investigation and a case opened and assigned to an investigator.
- The investigator may or may not contact you for additional information or to request a written statement or other documents.
- All investigative materials become a permanent part of the Board's investigative files and, as such, these materials are confidential and privileged by statute, and may not be released except to other licensing and/or enforcement agency.

What action can the board take?

The board may discipline a license holder if the board determines that a violation of the board's laws, rules and/or regulations has occurred. A licensee who violates these laws, rules and/or regulations may be subject to disciplinary action, such as a fine, reprimand, suspension or revocation of the license.

Possible resolutions:

- **Close the complaint with no violation/insufficient evidence** – you will be notified of this action.
- **Close the complaint with a letter of concern** - this action is taken if there is no violation of the laws and rules governing practice but the board desires to express its concern to the practitioner surrounding the complaint. You will be notified that the complaint has been closed; however, a letter of concern is private and cannot be shared.
- **Close the complaint with a private consent order** – the action is taken when there is a violation of the laws and rules governing practice. However, the matter is closed with a private agreement between the licensee and the board. A private consent order is private and cannot be shared.
- **Close the complaint with a public consent order** – the action is taken when there is a violation of the laws and rules governing practice. The matter is public, and you will be notified of the Board's decision. This information is posted on the licensee's public license record.