

## Massachusetts Department of Public Health Bureau of Health Professions Licensure

The Bureau of Health Professions Licensure (BHPL) investigates complaints and concerns regarding licensed professionals (licensees) on behalf of the Boards of Registration (Boards) that license Community Health Workers, Dental Assistants, Dentists, Dentistry Limited Licenses, Dental Hygienists, Dentistry Faculty Licenses, Provisional Genetic Counselors, Genetic Counselors, Advanced Practice Nurses, Registered Nurses, Licensed Practical Nurses, Nursing Home Administrators in Training, Nursing Home Administrators, Perfusionists, Provisional Perfusionists, Pharmacy Retail Drug Store Permits, Nuclear Pharmacists, Nuclear Pharmacies, Nuclear Pharmacists, Pharmacists, Pharmacy Non-Resident Outsourcing Facilities, Pharmacy Interns, Pharmacy Technicians, Pharmacy Technician Trainees, Pharmacy Resident Outsourcing Facilities, Pharmacy Wholesale Distributor Permits, Physician Assistant Temporary Practice Certification, Physician Assistants, Respiratory Care Limited Permits, and Respiratory Therapists.

When information from a complaint investigation indicates that a licensee has violated a law or regulation relating to the particular profession, the licensing board may take administrative action against the licensee, ranging from issuing an advisory letter, requiring a licensee to take remedial education, or discipline of the individual's license to practice, e.g., stayed probation, reprimand, remedial education, probation, censure, suspension, and revocation. Each Board has its own regulations and practices related to discipline.

The HPL and the Boards of Registration **cannot** represent you in civil matters in a court of law or other tribunal to recover fees paid or to seek remedies for injuries. You may wish to consult a private attorney regarding these matters.

### ISSUES THAT ARE NOT WITHIN THE AUTHORITY OF THE HPL OR THE BOARDS OF REGISTRATION

- Fee disputes, such as payment for broken or missed appointments
- Billing disputes, such as the amount a licensee charges for services
- Personality conflicts

### COMPLAINT FORM INSTRUCTIONS

- To file a complaint, you must submit a legible, signed and dated complaint that identifies the person or entity who is the subject of your complaint.
- If your complaint is about treatment you received, treatment or medical records are required to process your complaint. The signature of the patient or legal guardian to the *Authorization for Release of Records and Referral of Complaint* section is necessary.
- Use a separate form for each person or entity against whom you wish to file a complaint.
- Be **specific** in your complaint description, and include copies of pertinent medical records, correspondence, contracts and any other documents that support your complaint.
- HPL will send written notification of any action on your complaint.
- If the allegations contained in your complaint are determined to be possible violations of applicable laws and/or regulations, a complaint will be opened for investigation.
- If your complaint is opened and assigned for investigation, a copy of the complaint will be provided to the health care licensee or entity.
- HPL may, in its discretion, investigate an anonymous complaint if the complaint is in writing; if the complaint allegations constitute violations of law or regulations warranting Board action; if preliminary inquiry reveals sufficient information to determine that the allegations may be true; and if proving the allegations does not require the identification and/or testimony of the person filing the complaint.

---

### Bureau of Health Professions Licensure

250 Washington Street, 3<sup>rd</sup> floor, Boston, MA. 02108

PH: (617)973-0865

FAX: (617)973-0985

TTY: (617) 973-0988

**DENTAL COMPLAINT FORM**

**DEPARTMENT OF PUBLIC HEALTH**  
 BUREAU OF HEALTH PROFESSIONS LICENSURE  
 TEL (617) 973-0865 FAX (617) 973-0985 TTY (617) 973-0988  
<http://www.mass.gov/dph/boards>

**DPH USE ONLY:**

Entered into Database (date) \_\_\_/\_\_\_/\_\_\_ Complaint # \_\_\_\_\_ Initials \_\_\_\_\_

**Please complete this form as fully as possible. Please TYPE or WRITE LEGIBLY in ink.**

**COMPLAINANT**

Your Last Name \_\_\_\_\_ Your First Name \_\_\_\_\_ Patient's Name (If different) \_\_\_\_\_ Patient's Age \_\_\_\_\_

Your Business Name: \_\_\_\_\_  
 (if applicable)

Business Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Primary Phone number: ( ) \_\_\_\_\_ Your Secondary Phone number: ( ) \_\_\_\_\_ Your Email: \_\_\_\_\_

**LICENSEE**

**DO NOT LIST A DENTAL CLINIC OR DENTAL CENTER ON THIS LINE**

DENTIST       DENTAL ASSISTANT       DENTAL HYGIENIST  
 FACULTY LICENSE       LIMITED LICENSE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Lic # (if known) \_\_\_\_\_

Licensee's Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**COMPLAINT DETAILS**

**PREVIOUS DENTIST** (if applicable) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street and City Address \_\_\_\_\_ Phone \_\_\_\_\_

**SUBSEQUENT DENTIST\*** (if applicable) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street and City Address \_\_\_\_\_ Phone \_\_\_\_\_

\* Attach report from subsequent dentist (if available).

Have you discussed this matter with the dentist/hygienist/dental assistant or anyone in the licensee's office?  yes  no

Date of contact: \_\_\_\_\_ How was contact made? (phone, e-mail, letter, in person) \_\_\_\_\_

Result of contact \_\_\_\_\_

**Witness** name(s) and telephone number(s) (if applicable) \_\_\_\_\_

**Have you filed this complaint with any other state or federal agencies?** \_\_\_\_\_ If yes, explain \_\_\_\_\_

If this complaint is against a person or entity licensed by the Dental Board, **are you willing to testify** in person regarding this matter at a formal hearing?  Yes, I am willing.  No, I am not willing.

What action by the Board would address your complaint? \_\_\_\_\_

