### **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 Pharmacists, Pharmacy 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 <u>copies</u> 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 <u>may</u>, in its <u>discretion</u>, 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.

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) Please complete this form a		Compla	int #			Initials			
	Please complete this form a	as fully as possible	. Please	TYPE or WRI	TE LEGIBL	Y in ink				
COMPLAINANT	Your Last Name  Your Business Name: (if applicable) Business Address:  Your Address:  Your Primary Phone number: ( )	Street Street Your Secon	dary	City	City y You		Patier State State	Zip		
LICENSEE		First	ANT E Name	□ DENTAL H	YGIENIST Lic	c# (if kno Zip	, 	none		
	PREVIOUS DENTIST (if applica	ble)	Name							
	Street a	nd City Address				ı	Phone			
	SUBSEQUENT DENTIST* (if ap	pplicable)								
တ			Name							
COMPLAINT DETAILS	* Attach report from subsequent der	Street and City Addres	SS			<u> </u>	Phone	<del> </del>		
5	Have you discussed this matter with the dentist/hygienist/dental assistant or anyone in the licensee's office? ☐ yes☐ no									
A!	Date of contact:	How was co	ontact made	e? (phone, e-m	ail, letter, in <sub>l</sub>	person) _				
MPI	Result of contact									
00	Witness name(s) and telephone	number(s) (if applicab	ole)							
	Have you filed this complaint	with any other state o	or federal a	igencies?	If yes, exp	olain		· · · · · · · · · · · · · · · · · · ·		
	If this complaint is against a pers this matter at a formal hearing? What action by the Board would	☐ Yes, I am willing. [	⊐ No, I am	not willing.		-	·			

NATUR	RE OF COMPLAINT:			
☐ Misc	diagnosis of condition		☐ Inappropriate prescribing	☐ Impairment
☐ Pati	ent abandonment/neglect		☐ Fraud	☐ Unlicensed practice
	ŭ		☐ Business practice Issues	☐ Other (specify)
	ble to obtain dental record	•	·	· · · · · · · · · · · · · · · · · · ·
	S) OF INCIDENT(S):	,		
-	· · · · · · · · · · · · · · · · · · ·		:::	untaine of annitiants and and an annian
of docu corresp	ments such as medical an	d/or dental rec itness stateme	ords, photographs, bills, insurance nts, etc. that support your statemer	
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