

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

239 Causeway Street, 5th floor, Boston, MA. 02114

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

Mr.
 Mrs.
 Ms. _____

_____ Your Last Name _____ Your First Name _____ Patient's Name (If different)

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).

COMPLAINT DETAILS

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? _____

