

Notification Form

Instructions for completing this form

Please read the accompanying Information sheet before completing this form

- Use BLOCK letters and black or blue ink and ✓ appropriate boxes.
- Answer all the questions.
- Attach photocopies of any relevant documents.
- If the information you are providing does not fit in the space provided, please attach another sheet, clearly marked with your name.
- Sign the form and mail or fax it to the Board.

The information on this form is being collected to assist the Board in carrying out its statutory functions under the provisions of the *Health Professions Registration Act 2005*. Unless otherwise indicated, you must supply the information to enable your complaint to be processed.

Section 1: Your details

Title: Dr Miss Mr Mrs Ms Other [please specify]

Given Name(s):

Family Name:

Contact Address:

Suburb/State: Postcode:

Contact Telephone (home/mobile):
[Please provide a contact phone number]

(business):

Contact Fax (optional):

Email address (optional):

In relation to this complaint, who are you?

- Patient
- Family member of patient
- Friend of patient
- Dental health practitioner
- Other, please specify

Section 2: Details of the practitioner or student who is the subject of the complaint

Please indicate the type of practitioner (if known):

Dentist Dental Prosthetist Dental Hygienist Dental Therapist Dental Student

Type of specialist (if known):
[e.g. Endodontist, Periodontist, Orthodontist etc]

Name of practitioner:

Practice Address:

Suburb/State: Postcode:

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Section 3: Details of the complaint

What is the main issue of concern to you? [tick all that apply]

- Failure to obtain informed consent
- Poor infection control practices
- Rudeness
- Failure of communication
- Breach of confidentiality
- Failure to transfer dental records
- Poor quality work
- Poor quality service
- Inappropriate treatment
- Breach of professional boundaries
- Misleading advertising
- Fees
- Ill-health or incapacity of the practitioner or student
- Other [please specify]

Have you tried discussing your concerns with the practitioner?

- No
- Yes [please describe what happened]

Please describe below what happened.

Give a factual account of the events, including the **place, date and time** the events occurred, the **type of treatment received**; detail the **specific issues you want addressed**. Also provide any supporting documentation (such as reports from other health practitioners). If you need more space, please attach additional sheets, with your name clearly marked on them.

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Section 4: Consent to exchange of information

I give permission for the Dental Practice Board of Victoria to send a copy of my complaint to the practitioner about whom it is made.

I give permission for my health records, in the possession of any registered dental care provider or other health practitioner, to be released to the Dental Practice Board of Victoria should this be required, for the purpose of investigating this allegation.

Name:
[Please use BLOCK letters]

Address:
.....
[Please use BLOCK letters]

Signature:.....

Date:

Post or fax the completed and signed form and any supporting papers to:

Notifications Manager
Dental Practice Board of Victoria
PO Box 7050
St Kilda Road VIC 8004
Fax No.: 03 9699 4711

Office Use Only

Recd:...../...../..... AckSent:...../...../..... D/BUUpdated:...../...../.....

Faxed HSC:...../...../.....

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