

Complaint Form

PLEASE COMPLETE THIS FORM IF YOU HAVE A COMPLAINT REGARDING A DENTAL CARE PROFESSIONAL. FAX OR POST THIS FORM TO THE KOHC OFFICE OR SEND VIA email to info@kohc.co.uk

- All complaints will be reviewed and feed into Knowledge Oral Health Care quality improvement program
- We strongly advise that you try to resolve your concerns with the dental care professional in question before you complete and send this form.
- Please carefully complete this form by answering all the questions and signing the declaration.
- Please attach photocopies of any relevant material associated with your complaint.
- The information you give may be passed onto the associated dental indemnity provider as part of the quality assurance process.
- The time required to investigate and resolve complaints can vary. We will inform you of the outcome of your complaint.

PLEASE PROVIDE THE FOLLOWING DETAILS:

Name Mr / Ms/ Mrs/ Dr/ Prof

Forename

Surname

Address

Post code

Contact Day time Evening numbers Fax Mobile

Email Address

- Please see Privacy Statement for privacy policy

DETAILS OF THE COMPLAINT:

Dental care professional's name:

Date of complaint event

Information about your concerns

Have tried to resolve your concern with the education provider?

YES | NO If you circled YES, please

describe how. Give details of when this occurred and what the outcome was.

If you circled NO, please explain why.

What results are you hoping to achieve by raising this concern with Knowledge Oral Health Care?

a. Please list the main issues of concern and tell us about:

1. What you believe the dental care professional did or did not do
2. The date(s) of relevant events

IF THERE IS NOT ENOUGH SPACE YOU MAY NEED TO ATTACH A SEPARATE PIECE OF PAPER. PLEASE ATTACH PHOTOCOPIES OF ANY RELEVANT DOCUMENTS

Quality Assurance

The information you give may be forwarded to the dental care professionals' dental indemnity provider to facilitate a resolution of the complaint. Is there any reason why you do not want this to occur?

Please provide details below

Declaration

I declare to the best of my knowledge and belief that the information and/or documents that I provide are true and complete. I understand that providing information of documents, which I know to be false or misleading is a serious offence and could render me liable to a penalty. I agree to inform Knowledge Oral Health Care if proceedings in a court or tribunal are instituted by or against the dental indemnity provider about whom I am complaining. I understand that Knowledge Oral Health Care suspend its investigation of this complaint until such proceedings are finalized.

Signature Date