



Dental Hygiene Educational Program Complaint Form

Date:

Please Type or Print Legibly

COMPLAINT REGISTERED AGAINST:

Dental Hygiene Educational Program Name:

Phone Number:

Address:

City:

State:

Zip:

PERSON REGISTERING COMPLAINT (COMPLAINANT):

Name:

Phone Number:

Address:

City:

State:

Zip:

NOTICE: Please provide as much information as possible in addition to any supporting documentation pertaining to your specific complaint. Failure to provide sufficient information or documentation may prevent or delay the review of your complaint. The information provided will be used to determine if a deficiency exists or whether a violation has occurred.

DETAILS OF COMPLAINT (you may use additional paper as necessary):

DESIRED OUTCOME OF THIS COMPLAINT:

Signature of Complainant

Date