



## CONSUMER COMPLAINT FORM

**COMPLAINT REGISTERED AGAINST:**

*PLEASE PRINT OR TYPE*

Name:			Name of Dental Office:	
Address:				
City:	State:	Zip Code:	Office Phone #:	

**PERSON REGISTERING COMPLAINT:**

Mr. <input type="checkbox"/>	Name:	Relationship to Patient:		
Mrs. <input type="checkbox"/>				
Ms. <input type="checkbox"/>				
Address:		Home Phone Number:		
City:	State:	Zip Code:	Work Phone Number:	
Patient Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	Patient's Date of Birth:	
Legal authority to act on patient's behalf?			If yes, must attach legal documentation.	
Has patient been examined or treated by another hygienist for this same complaint? <i>If yes, please provide full names and addresses on the back of this form.</i>				
			YES <input type="checkbox"/>	NO <input type="checkbox"/>

**DESIRED OUTCOME OF THIS COMPLAINT:**

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**DETAILS OF COMPLAINT:**

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Dates of Visits:

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State your complaint in detail (you may use additional paper):

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NOTICE: As much information as possible should be provided, in addition to any supporting documents pertaining to your specific complaint. Failure to provide sufficient information or documentation may prevent or delay the review of your complaint. The information will be used to determine whether a violation of law has occurred. If a violation is substantiated, the information may be transmitted to other governmental agencies, including the Attorney General's Office. The Dental Hygiene Board of California does not have jurisdiction over fee disputes or office business procedures.

**DO NOT WRITE IN THIS SPACE**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## SUPPLEMENTAL COMPLAINT INFORMATION

PLEASE PROVIDE THE NAME, ADDRESS, TELEPHONE NUMBER AND DATE OF VISIT TO ANY OTHER HYGIENIST OR HYGIENIST IN ALTERNATIVE PRACTICE YOU HAVE SEEN SINCE BEING TREATED BY THE SUBJECT OF YOUR COMPLAINT.

1.	_____	_____
		SUITE #
	_____	_____
	PHONE #	DATE(S)
2.	_____	_____
		SUITE #
	_____	_____
	PHONE #	DATE(S)
3.	_____	_____
		SUITE #
	_____	_____
	PHONE #	DATE(S)
4.	_____	_____
		SUITE #
	_____	_____
	PHONE #	DATE(S)



## AUTHORIZATION FOR RELEASE OF DENTAL/MEDICAL PATIENT RECORDS

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

AUTHORIZATION TO RELEASE INFORMATION: I, the undersigned, authorize any physician, dentist, medical practitioner, hospital, clinic or other dental or dental related facility having records (original and/or electronic) available as to diagnosis, treatment and prognosis with respect to any dental or medical condition and/or treatment of me (or the patient) to release to the Dental Hygiene Board of California (DHBC) or any DHBC representative, related local, state and federal governmental agencies, including but not limited to, investigators and legal staff.

I understand that this information will be maintained in confidence and will be used solely in conjunction with any investigation and possible legal proceeding regarding any violations of California laws and regulations. I further agree to allow the DHBC representatives and related governmental agencies, to process and possibly file other charges based on my complaint.

I also understand that the subject of my complaint may receive a copy of my complaint and records pursuant to the Administrative Procedures Act and the Information Practices Act.

I agree that a photocopy of this Authorization shall be as valid as the original. This Authorization shall remain valid until the DHBC or other authorized government agency completes its review and the proceedings arising out of the investigation.

I understand that I have a right to receive a copy of this authorization if requested by me.  
Patient/Guardian

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***NOTE: Must attach written proof of authorization to act on patient's behalf.***

### NOTE TO THE PROVIDER:

This release is compliant with the requirements of HIPPA and Civil Code Section 56.11.



## **THE COMPLAINT AND DISCIPLINARY PROCESS:**

The Dental Hygiene Board of California (DHBC) has authority over licensed registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions in California. The DHBC has the authority to enforce the provisions of the laws and regulations related to the practice of dental hygiene within the California Business and Professions Code and the California Code of Regulations. The DHBC also handles complaints for the unlicensed practice of dental hygiene.

Complaints involving allegations that are not within the jurisdiction of the DHBC will be returned to the complainant with information about other agencies or organizations that may be better able to assist the complainant. Allegations that are not within the authority of the DHBC include fee/billing disputes, general business practices, personality conflicts, and providers who are licensed by other boards/bureaus such as dentists, and registered dental assistants.

You may file a complaint with the DHBC by using the attached Consumer Complaint Form or by submitting it electronically from the DHBC's website:

[dhbc.ca.gov](http://dhbc.ca.gov)

Anonymous complaints will be reviewed by the DHBC. It may not be possible to pursue an anonymous complaint unless it contains documented evidence of the allegations made.

Allegations of unlicensed practice will be investigated by the DHBC and if sufficient evidence is found, will be forwarded to the local District Attorney's Office for criminal prosecution. Please submit proof of the unlicensed practice with your complaint (i.e. appointment card, invoices, website information, advertisements, business letterhead etc.).

Upon receipt, your complaint will be assigned to DHBC Enforcement Unit personnel for review. Within 10 days of receipt of the complaint by the DHBC, you will be notified of receipt. A staff person from the Enforcement Unit will gather the information necessary to review and evaluate your complaint. The information necessary may include patient records or written reports, a written response from the subject of the complaint, an opinion from a DHBC consultant, or possibly, a legal opinion. If the complaint file is sent for consultant review, the complainant will be notified.

If the review determines that the actions of the registered dental hygienist were not below the standard of care for dental hygienists, the DHBC has no authority to proceed, and the complaint will be closed. If the DHBC finds that the care fell below the standard of care, but does not represent gross negligence, generally the complaint will be closed and will be maintained on file for the DHBC's further reference. Often complaints are dealt with through a variety of non-disciplinary methods which may include but are not limited to mediation between the parties involved, educational letters, cease and desist letters, warning letters or face-to-face educational interventions between the licensee and an DHBC consultant.



If a complaint warrants formal investigation, the complainant can expect to be interviewed by investigator assigned to the case. Details of the complaint and investigation remain confidential and are not public record; details may be disclosed to the subject of the complaint at some point. The complainant is notified when a complaint is referred for investigation.

If a complaint is referred to investigation and a violation is confirmed, the case may be submitted to the Office of the California Attorney General for disciplinary action against the dental hygienist's license. Once a case has been accepted by the Office of the Attorney General, an Accusation is then drafted. The accusation is the first public document in the disciplinary process. Once the Accusation is filed, the licensee may request a hearing to contest the charges. At the hearing, the DHBC must demonstrate by "clear and convincing evidence to a reasonable certainty" that the allegations are true. For that reason, it is generally necessary for the person who made the original complaint to testify in person at the administrative hearing.

In many cases, the defense counsel and the Deputy Attorney General representing the DHBC may engage in discussions of proposals for stipulated agreements prior to hearing. Stipulated agreements generally include admission to one or more of the allegations and a proposal for appropriate discipline. The DHBC encourages negotiated settlements because they eliminate the need for costly administrative hearings and protects consumers by imposing disciplinary action sooner. To this end the DHBC has adopted Disciplinary Guidelines that are designed to set forth the DHBC's penalty standards. You may obtain a copy of the guidelines by contacting the DHBC's office, or by downloading it from the DHBC's website. When a case does go to hearing, the hearing is presided over by an Administrative Law Judge (ALJ). After the hearing is completed the (ALJ) will issue a "Proposed Decision" stating the ALJ's findings (facts proven in the hearing) and offering a recommendation for resolution of the case (i.e. revocation, suspension, probation, dismissal). The ALJ utilizes the DHBC's Disciplinary Guidelines in formulating his or her recommendations. The Proposed Decision is distributed to the DHBC members for vote. If the DHBC votes in favor of the Proposed Decision, it becomes the Final Decision. If the DHBC votes to non-adopt the Proposed Decision, the hearing transcript is reviewed by the DHBC members, written arguments are solicited from the defense counsel and the Attorney General, and the DHBC subsequently issues its own Final Decision. Final Decisions are matters of public record. Disciplinary documents (i.e. Accusations and Final Decisions) will be automatically provided to the complainant in the case and available to the public through the DHBC's website. The DHBC's goal is that its disciplinary process should take no longer than 520 days.

**DENTAL HYGIENE BOARD OF CALIFORNIA**

2005 Evergreen Street, Suite 1350 Sacramento, CA  
95815 P (916) 263-1978 | F (916) 263-2688 | [dhbc.ca.gov](http://dhbc.ca.gov)



**NOTICE ON COLLECTION OF PERSONAL INFORMATION**

**Collection and Use of Personal Information**

The Department of Consumer Affairs and Dental Hygiene Board of California collects the information requested on this form as authorized by Business and Professions Code Sections 325 and 326 and the Information Practices Act. The Dental Hygiene Board of California uses this information to follow up on your complaint.

**Providing Personal Information is Voluntary**

You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your name, home address, or home telephone number, you may remain anonymous. In that case, however, we may not be able to contact you or help you resolve your complaint.

**Access to Your Information**

You may review the records maintained by the Dental Hygiene Board of California that contain your personal information, as permitted by the Information Practices Act. See contact information below.

**Possible Disclosure of Personal Information**

We make every effort to protect the personal information you provide us. However, in order to follow up on your complaint, we may need to share the information you give us with the business you complained about or with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information**

For questions about this notice or access to your records, you may contact Dental Hygiene Board at 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815 or by phone at (916) 263-1978. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).