



North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507-7246 • Phone 701-258-8600

Web www.nddentalboard.org • Email info@nddentalboard.org

Complaint Form

Procedures and Laws

- The Board can only discuss its business and complaints at its noticed, public meetings that are generally held quarterly.
- Meeting dates are posted on the websites of the Board and the Office of the Secretary of State.
- The Board must provide the complaint to the person named in the complaint, and must seek their response.
- The public cannot attend the parts of Board meetings where complaints are discussed. Doing so protects sensitive information such as the patient's private medical/dental records.
- N.D.C.C. 43-28-18 explains the types of misconduct the Board can take action against, and N.D.C.C. 43-28-18.2 explains the complaint process. Additional information may be found at: <https://www.nddentalboard.org>

Who Are You Complaining About?

- The Board has the authority to process complaints against dental practitioners (**e.g., dentists, dental hygienists, or dental assistants**). Complaints must name the dental practitioner—not just their dental office.
- The Board generally **does not** have the authority to process complaints against those who are not dental practitioners.

Powers of the Board

- If the Board decides that the dental practitioner should be disciplined, the actions it can seek to take include:
 - Issuing a formal letter of reprimand.
 - Requiring continuing education.
 - Restricting, conditioning, suspending, or revoking a license.
 - Issuing fines.

Are You Asking the Board to Order that you receive Dental Care, Refunds, Money, or Payments?

- The Board does not have the power to require a dentist to provide the exact type of care a patient requests.
- The Board does not have the power to require a dentist to treat a patient.
- The Board does not have the power to require a patient to pay dental bills.
- The Board does not have the power to require a dentist to refund payments or provide compensation.
 - If you are seeking refunds, payments, or money, you may want to consider consulting with an attorney.

Anonymity and Confidentiality

- Open records laws limit the Board's ability to keep documents confidential or honor requests for anonymity.
- Anonymously filed materials may not comply with the law that explains that a "person may file a written and signed complaint." When the Board receives anonymous materials, its ability to investigate may be limited, and it may be prevented from taking disciplinary action.

Release of Patient Records

- The Board often needs to review patient records when investigating a complaint. The Complaint Form includes a patient records release.

Attestation of Complainant

- Individuals who are submitting a Complaint Form must complete and sign the Attestation.



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Complaint Form

OFFICE USE ONLY - Postmarked: _____ Received: _____

Complainant (person filing the complaint)			
First Name	Middle Name	Last Name	Today's Date (mm/dd/yyyy)
Home Street Address		Apt.	Home City, State, Zip (4+ digits)
Phone Numbers (c) (h)	Email Address	May we communicate with you via email? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Patient (complete this section ONLY if the person filing the complaint is NOT the patient)			
First Name	Middle Name	Last Name	Today's Date (mm/dd/yyyy)
Home Street Address		Apt. Number	Home City, State, Zip (4+ digits)
Phone Numbers (c) (h)	Email Address	May we communicate with the patient via email? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Individual Complained About		
First Name	Last Name	<input type="checkbox"/> Dentist <input type="checkbox"/> Hygienist <input type="checkbox"/> Dental Assistant
Business Name	Business Phone	Business Email Address
Business Address	Business City, State, Zip (4+ digits)	

Incident (if more space is needed, please include additional documents or pages)

Describe the incident

Date(s) of the incident

Have you reached out to the dentist, dental hygienist, or dental assistant to explain your concern? If so, please provide an explanation, including the dates and their response.

Have you sought care from anyone else related to this same dental care need, before or after filing this complaint? If so, please explain in detail. Be sure to include the person's name and contact information.

Release of Records to the Board

I hereby authorize and direct you to release to the North Dakota State Board of Dental Examiners or its agents all records and information, including x-rays and models, of any treatment and/or consultation of

NAME OF PATIENT _____

as may be requested by the Board or its agent. A copy of my signature on this release shall be authorization and direction to release such records and information as is appropriate to the investigation of the complaint. Only individuals directly involved in the complaint process will have access to these records. Copies of this authority may be utilized with the same effectiveness as an original. If this complaint involves a minor or lacks capacity to sign, this release must be signed by the minor's parent or by the legal guardian, and authorizes the release of the dental records to the North Dakota State Board of Dental Examiners and its agents for investigative purposes. I also hereby consent to the release of the complainant's and the patient's identity and/or records to other state licensing boards and/or law enforcement agencies.

Printed Name of Signatory	Signature	Date (mm/dd/yyyy)

Official Identification of Complainant

Include a copy of an official and current U.S. Government Issued I.D. (Examples – Driver's License, State Identification Card, Real ID, Tribal Identification Card, Passport, Visa)

Type of identification: _____

Date of expiration: _____

Attestation of Complainant

I affirm that preceding and attest that it is true to the best of my information and belief.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

I am filing this complaint to notify the Board of the activities of this practitioner so that it may determine if discipline is warranted.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

I understand that a copy of this complaint will be provided to the person I am complaining about.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

I certify that I am the Complainant.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

Complainant Name (Printed)	Complainant Signature	Date (mm/dd/yyyy)