CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

CONSUMER COMPLAINT FORM

NOTE: The Dental Board of California (Board) does not have jurisdiction to investigate or enforce general (administrative) dental office procedures, fee and billing disputes, insurance coverage disputes, reimbursements or financial compensation, or rude behavior by dentists and dental staff. The Board may transmit the consumer complaint and supporting documents to another local, state, or federal agency with potential jurisdiction over the conduct alleged in the complaint. For more information regarding complaints and jurisdiction, please visit the Consumers webpage at https://www.dbc.ca.gov/consumers/index.html.

SUBJECT OF COMPLAINT

Last Name	First Name	Middle Initial	Board License No. (if known)

Name of Dental Office

Street Address

City	State	Zip Code

Telephone No.	Email Address

PERSON SUBMITTING COMPLAINT: Please provide your contact information.

Last Name	First Name	Middle Initial

Street Address

City	State	Zip Code

Telephone No.	Email Address:

Your Relationship to the Patient

PATIENT INFORMATION

Last Name	First Name	Middle Initial	Date of Birth

Has the patient been treated by another dentist for the same dental issue? If YES, provide **Supplemental Complaint Information** on page 3.	☐ YES ☐ NO
Is the patient a minor child?	☐ YES ☐ NO
• If NO, do you have the legal authority to act on the patient's behalf?	☐ YES ☐ NO
• If YES, attach documentation with proof that you have legal authority.	

DETAILS OF COMPLAINT – State your complaint in detail. Be as specific as possible. Explain what happened in the order that it happened. Please include dates of treatment and list all relevant treating providers specific to your complaint. Any supporting documents pertaining to your complaint should be submitted with this form. Documents may include photographs, invoices, and correspondence. Attach additional pages if necessary.

Incident Date:

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

SUPPLEMENTAL COMPLAINT INFORMATION

Please provide the name, address, telephone number, and email address of any other dentist you have seen since you were treated by the subject of your complaint. Please also provide the date of the visit(s) to the other dentist(s).

Dentist 1

Name
Address
Email Address
Telephone No.
Date of Visit(s)

Dentist 2

Name
Address
Email Address
Telephone No.
Date of Visit(s)

Dentist 3

Name
Address
Email Address
Telephone No.
Date of Visit(s)

Please attach additional pages as necessary.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

Authorization for Release of Protected Health Information to the Dental Board of California

(45 CFR §§ 164.508(c)(1)(ii), (iii), 164.512(d)(1); Bus. & Prof. Code, § 1684.1; Civ. Code, §§ 56.10(b)(2), 56.104(d), 56.11)

Patient Name	Date of Birth	
Check all Record Types that Apply: ☐ Dental Records/Diagnostic Images ☐ Medical Records ☐ Diagnostic Images ☐ HIV/AIDS Test Results ☐ Mental Health Treatment Records ☐ Substance Use Disorder Records		
Requests for psychotherapy notes require a separate ENF-10C Form and may not be combined with any other request for health records. ☐ Psychotherapy Notes		
Date of Death (if applicable)	Medical Record No. (if known)	Control No. (if applicable)

I, the undersigned, hereby 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 those records to the Dental Board of California (Board), a healthcare oversight agency, Board representatives, and related local, state, and federal governmental agencies, including but not limited to, investigators and legal staff, for the purpose of investigating and enforcing violations of federal and state law.

Unless otherwise revoked by the patient or patient's legal representative, this authorization for release of protected health information to the Board shall remain valid for three years from the date this form is signed.

I understand that I have the right to revoke this authorization by sending written notification to the Board at the above address. My written revocation will be effective upon receipt by the Board but will not be effective to the extent that such persons have acted in reliance upon this Authorization.

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 federal or state laws and regulations.

I also understand that the subject of my complaint (the subject dentist or dental auxiliary) may receive a summary of my complaint and records pursuant to the Administrative Procedures Act (Gov. Code, § 11370 et seq.), the Information Practices Act of 1977 (Civ. Code, § 1798 et seq.), and Business and Professions Code section 800, subdivision (c).

A copy of this Authorization shall be as valid as the original.

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

Name of Patient/Legal Representative	
Signature	Date

If you are signing this form as the patient's legal representative, you must attach written proof of authorization to act on patient's behalf.

A licensee who fails or refuses to comply, within 15 days of receiving a request for release of dental records of a patient that is accompanied by that patient's written authorization for release of records to the Board, shall pay to the Board a civil penalty of $250 per day for each day that the documents have not been produced after the 15th day, up to a maximum of $5,000 unless the licensee is unable to provide the documents within this time period for good cause (Bus. & Prof. Code, § 1684.1, subd. (a)(1).)

Failure by a health care facility to comply, within 30 days of receiving a request for release of dental records of a patient that is accompanied by that patient's written authorization for release of records to the Board, shall subject the health care facility to a civil penalty, payable to the Board, of up to $250 per day for each day that the documents have not been produced after the 30th day, up to a maximum of $5,000, unless the health care facility is unable to provide the documents within this time period for good cause. (Bus. & Prof. Code, § 1684.1, subd. (a)(2).)

This authorization for the release of protected health information complies with the requirements of Civil Code section 56.11.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information
The Department of Consumer Affairs (DCA) and the Dental Board of California (Board) collects the information requested on this form as authorized by Business and Professions Code sections 325 and 326, Civil Code section 56.11, and the Information Practices Act of 1977 (IPA) (Civil Code section 1798 and following). The Board uses this information to investigative the allegations made in your complaint in accordance with DCA's **Privacy Policy**.

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, the Board may not be able to contact you or help you resolve your complaint.

Access to Your Information
You have the right to review your personal information maintained by the Board unless the records are exempt disclosure pursuant to the IPA, including Civil Code section 1798.42. See below for contact information.

Possible Disclosure of Personal Information
The Board makes every effort to protect the personal information you provide. However, to investigate your complaint, the Board may need to share the information you provided with the licensee you complained about or with other government agencies. This may include sharing any personal information you provided.

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

- In response to a California Public Records Act request (Gov. Code, § 7920.000 and following), as allowed by the IPA.
- Disclosure to another government agency as required by state or federal law or Civil Code section 1798.24.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information
For questions about this notice or for access to your records, contact the Complaint and Compliance Unit by email at DentalBoardComplaints@dca.ca.gov, by telephone at (916) 263-2300, or by mail at Attention: Complaint and Compliance Unit, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento CA 95815. For questions about DCA's Privacy Policy, contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at **dca@dca.ca.gov**.