Print Form

State Board of Dental Examiners

COMPLAINT FORM

Texas State Board of Dental Examiners
333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701-3942
Main Phone: (512) 463-6400 & Fax: (512) 463-7452
Enforcement Division Complaints Fax: (512) 692-2517
Email: complaints@tsbde.texas.gov

Complaint

INSTRUCTIONS

Complete all applicable fields. Please note that if your complaint is illegible, processing will be delayed and your complaint may be returned to you. Forms can be mailed, scanned/faxed, or emailed to this agency at the address above. Email submission is not prohibited, however email is not a HIPAA compliant method of transmitting of Protected Health Information and doing so is at your own risk. State Board of Dental Examiners cannot provide email responses containing Protected Health Information.

Person Filing Complaint

Please provide your contact information. ** **Any information provided on this form *may* be released to the person against whom it is filed.****

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. First Name | MI | Last Name

Address:

Street: | Phone:

City: | State: | Zip Code: | Email:

Relationship to patient: ☐ Self ☐ Parent or Legal Guardian ☐ Other

Patient

Date of Birth

Name: ☐ Same as Person Filing Complaint

☐ Mr. ☐ Mrs. ☐ Ms. First Name | MI | Last Name

Mailing Address:

Street: | Phone:

City: | State: | Zip Code: | Email:

Complaint Against

Provide identification of the licensee you are filing this complaint against.

☐ Dentist ☐ Hygienist ☐ Assistant ☐ Dental Lab ☐ Mobile Facility

Name: ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. First Name | Last Name

Address: Organization:

Street: | Phone:

City: | State: | Zip Code: | License #: (If known)

Other Health Providers Consulted

Provide identification of the other dental or medical providers you've consulted for *this* issue. Use additional sheets if needed.

Name: First Name | Last Name

Dr. ☐ Dentist ☐ MD

Address: | Phone:

Dr. ☐ Dentist ☐ MD

Address: | Phone:

THE COMPLAINT PROCESS

What are the most common complaints within the Board's jurisdiction?

1. The practice of dentistry inconsistent with public health and welfare (treatment below the minimum standard of care);

2. Unprofessional conduct which may endanger or defraud the public;

3. Non-dental related prescribing/administering of a drug or treatment; and

4. Inability to practice dentistry by reason of mental or physical impairment (alcohol or chemical abuse, mental or physical condition).

What are types of complaints that do not fall within the Board's jurisdiction?

1. Rudeness or poor chair-side manner. These issues can be directed to your local Dental Society;

2. Complaints against practitioners other than dentists, dental hygienists, dental assistants, dental laboratories or mobile dental facilities. Complaints against other practitioners should be directed to the appropriate licensing agency;

3. Complaints concerning the pre-verification of insurance services or the practices of insurance companies. Insurance billing complaints should be referred to the Texas Department of Insurance;

4. Complaints concerning Worker's Compensation benefits. Worker's Compensation benefit complaints should be referred to the Texas Department of Insurance, Division of Worker's Compensation;

5. Employee/Employer disputes. Complaints over wrongful termination or other employee/employer issues should be referred to the Texas Workforce Commission;

6. Complaints filed four years after the date the treatment (or act) occurred; or four years after a complainant should have reasonably discovered the treatment (or act) that is the basis of the complaint.

How do I file a complaint?

A complaint must be in writing. You may use this form to submit a complaint.

Complaints concerning a dentist's failure to provide records upon request must include written proof of your request for records (such as a return receipt or delivery notice). Patients must allow a minimum of 30 days for the dentist to produce records.

How are complaints investigated?

First, determination is made that the Board has authority (jurisdiction) to act on the complaint.

The complaint is then reviewed to determine if a violation of the Occupation Code (Dental Practice Act) has possibly occurred. This review period takes approximately 45 days.

If the complaint is determined to be jurisdictional and a possible violation has occurred, a formal investigation will be opened and the case assigned to an investigator.

The investigator may contact you for additional information or to request a written statement.

All investigative materials become a permanent part of the Board's investigative files and, as such, these materials are confidential and privileged by statute, and may not be released except to other governmental agencies under statutory guidelines.

Will I be told of my status of complaint?

If you have provided identifying and valid contact information, including a valid street or email address, you will receive an initial letter at the completion of the initial review process.

If a formal investigation is opened, you will receive a status letter every 90 days as long as the investigation is active.

If you have not provided your identifying information, your complaint is considered anonymous and you will not receive status updates.

What action can the board take?

Disciplinary action can range from an administrative penalty to the revocation of the practitioner's license. If there is insufficient evidence that a violation of the Occupations Code occurred, the Board may dismiss the complaint and close the investigation.

The Board **may not** order a licensee to pay damages or restitution to a complainant beyond the actual out of pocket expenses incurred during treatment. Restitution may only be ordered in limited circumstances and only in those instances when the treatment fell below the standard of care. Complainants seeking damages or restitution for non-standard of care violations should consult a legal professional for the appropriate venue to seek such damages.

Please clearly indicate the nature of your complaint. Enclose copies of any records or supporting documentation you may have to support your complaint. ** Please note if we are unable to read your complaint, processing will be delayed. **

You may attach additional sheets if needed.

Send to:
State Board of Dental Examiners
333 Guadalupe, Tower 3, Suite 800
Austin, TX 78701-3942

Fax: 512-463-7461
Email: complaints@tsbde.texas.gov*

*Submitting by email is not via secured service.

I certify that the above information is true and correct to the best of my knowledge and belief. I have read and understand the complaint process. I agree that if my complaint would be more appropriately addressed by a different agency or society, I authorize SBDE to forward my complaint to that agency or society.

Signature: _____

Date: _____

STATE BOARD OF DENTAL EXAMINERS

Records Release Form

I, _____ , hereby authorize Dr. _____ and any health care provider who has provided health care to me in connection with the treatment that is the subject of this complaint or any complications rising therefrom, to provide the State Board of Dental Examiners (SBDE) or its authorized representatives, any and all information relevant to me or my dependent's physical/dental condition, all treatment records, billing records, which may be requested including but not limited to reports, evaluations, x-rays or other diagnostic tools, prescriptions, progress notes, order sheets, admission forms, laboratory reports, nurses' notes, incident reports, and consultation records for:

_____

Patient's Name

_____

Patient's Social Security Number

_____

Patient's Date of Birth

I understand that the information released will be part of the SBDE investigative file and that such information is confidential as provided in the Dental Practice Act.

I agree that a photocopy of this authorization and signature has the same force and effect as the original.

The authorization is limited neither in time nor medical/dental subject area.

This authorization shall act as a revocation of any and all releases provided to the SBDE involving the subject matter of this release which I may have signed prior to the effective date here.

_____ _____

Signature of Authorizing Person *Date*