College of Dental Hygienists of Saskatchewan

Unit 320 - 350 3rd Ave N
Saskatoon, SK
S7K 6G7 Canada
Phone: (306) 931-7342

Complaint Form

First Name:_____ Last Name: _____

E-mail Address:_____ Phone #:_____

Mailing Address:_____ City:_____

Province/Postal Code:_____

Name of dental hygienist (if known):_____

Location/address of incident: _____

In your own words, please describe your complaint in detail:

AUTHORIZATION

I authorize the College of Dental Hygienists of Saskatchewan to:

- notify the dental hygienist of the aforementioned complaint; and
- release my name to the dental hygienist as required.

I authorize the release of the aforementioned information and any supporting medical/dental records that I may have provided to:

- The CDHS Professional Conduct Committee;
- The CDHS Discipline Committee;
- Other regulators where a subsequent investigation by the CDHS is deemed appropriate.

Name (Printed):_____ Name (Signed):_____

Date:_____ Please send the completed form to registrar@cdhsk.ca