



OREGON BOARD OF DENTISTRY
1500 SW 1st Ave, Suite 770
Portland, OR 97201

Phone: (971) 673-3200
Fax: (971) 673-3202

E-Mail: OBD.info@state.or.us

Web site: www.oregon.gov/Dentistry

OPTIONS FOR RESOLVING A COMPLAINT AGAINST A LICENSEE

The Oregon Board of Dentistry regulates the practice of dentistry and dental hygiene in the state of Oregon.

The Board is required to investigate all complaints filed with the Board.

The Board may discipline a licensed dentist or dental hygienist who violates the law.

The Board does not have jurisdiction over: fees, personality conflicts, rude behavior, or the scheduling of appointments.

OPTION

Discuss the complaint with the dentist, dental hygienist, or his or her supervisor.

Dentists and dental hygienists are in most cases business people and are sensitive to complaints about their services. You may feel reluctant to approach the dentist or dental hygienist or his or her supervisor about your dissatisfaction, but many complaints are resolved in this manner and it might be your most convenient way to proceed.

OPTION

The Oregon Dental Association has a peer review process. That process is confidential and available provided the complaint falls within peer review guidelines. For more information about this process and its guidelines, contact the ODA Peer Review Director at 1-800-452-5628 or 503-218-2010 x 104.

OPTION

A consumer always has the option of retaining an attorney for the purposes of bringing a personal injury lawsuit or other legal action against a dentist or a dental hygienist.

OPTION

File a complaint with the Oregon Board of Dentistry.

In deciding upon discipline, one of the many options available to the Board is the awarding of restitution. However, the resolution of a complaint does not guarantee any damages will be awarded to the complainant.

HOW LONG DOES A BOARD COMPLAINT TAKE?

The resolution of a Board complaint is not necessarily a quick process. Investigations and the review of reports may take six months or longer. Investigations involving multiple allegations and many witnesses may require additional time. If a hearing is required this may take up to a year or more.

WE ARE HERE TO HELP YOU. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT US.

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COMPLAINT FORM

Please type or clearly print your concerns on the back. Use additional pages as necessary to explain the issues involved in your complaint.

Full Name of Licensee: _____

Clinic Name: _____ City: _____

Your Name: _____ Day Phone: _____

Address: _____ Alternate Phone: _____

City: _____ State: _____ Zip: _____

Patient's first and last name: _____

Age of patient, if a minor when treated: _____

NOTE:

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Dated: _____

By: _____
Signature

PLEASE TYPE OR PRINT CLEARLY

NATURE OF YOUR COMPLAINT (INCLUDE DATES OF TREATMENT AND NAMES OF OTHER DENTISTS WHO TREATED YOU):

USE ADDITIONAL PAGES AS NECESSARY
ENCLOSE COPIES OF ANY BILLING STATEMENTS, LETTERS OR RECORDS