



Complaint Form

To make a complaint, please complete this form and return it to the College of Dental Technologists of Ontario (the College) by one of the following methods:

1. By **e-mail** to complaints@cdto.ca;
2. By **fax** to 416-438-5004 re: Complaints Department. (Please note that documents received this way may be seen by staff members outside of the Complaints Department.); or
3. By **mail** to:
Complaints Department
College of Dental Technologists of Ontario
305 Milner Ave., Suite 904
Scarborough, ON M1B 3V4
(Please mark the letter CONFIDENTIAL)

What the College cannot do:

- Address concerns or complaints against other health care professionals (i.e. denturists, dentists) who are not registered with the College of Dental Technologists of Ontario
- Provide diagnoses, referrals or treatment recommendations, or direct a patient's care
- Provide any financial compensation to patients, complainants or families
- Process complaints without notifying the RDT about the complaint

Part 1 – Information of Person Registering the Complaint

Requirements	Information
First Name	
Last Name	
Address	
Phone Number	
E-Mail	
Relationship to RDT	

Part 2 – Information about RDT whom the Complaint is being made against

Requirements	Information
First Name	
Last Name	
Place of Practice	
Address	
Phone Number	
Position Held (ex: Supervising RDT)	
RDT Number (if known)	

Part 3 – Please outline your concerns below, providing as much detail as possible. Additional sheets may be attached if additional space is required.

Complaint

Part 4 – Please attach any additional documentation that you believe is relevant to your complaint. Some examples include invoices, e-mail correspondence with the member, testimonials, video recordings etc...

Any questions or concerns regarding the collection or use of this information should be directed to the Complaints Department at 416-438-5003, extension 226 or by e-mail to complaints@cdto.ca.