



**DENTAL COUNCIL OF JAMAICA**  
**50 HALFWAY TREE ROAD, KINGSTON 5**  
**TELEPHONE 876-633-7784/7788**  
**EMAIL:jamaicadentalcouncil@gmail.com**

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# COMPLAINT INVESTIGATION FORM

PRIVATE AND CONFIDENTIAL

**DENTAL PROFESSIONAL'S ADDRESS**

**DATE:**

Dear [Click or tap here to the dental professional's name.](#)

**REFERENCE: DENTAL COMPLAINT**

Please see below the details of my complaint. Could you please review the information and provide me with a response within 10 working days.

Please send any correspondence to:

Client's Address, email address and telephone number

## COMPLAINT DETAILS

**DATE OF TREATMENT / SERVICE:**

**TYPE OF TREATMENT / SERVICE ISSUE:**

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**DETAILS OF COMPLAINT:**

Date	Description	Cost

**THE FOLLOWING WOULD RESOLVE THE MATTER FOR ME:**

**ANY OTHER USEFUL INFORMATION:**



Click or tap here to enter your name.

Name: \_\_\_\_\_ -

Signature: \_\_\_\_\_

Date: \_\_\_\_\_