

Complaints Form



You MUST clearly print in English and ensure relevant supporting documentation is attached.

Please complete this complaint form in **black or blue pen.**

Section A	Complainants Details
1. Full Name:	
2. Telephone:	
3. Email address:	
4. Address:	
5. ADC Ref No: (If applicable)	

Section A	Complaint Details		
1. Date of incident		2. Time of incident	
3. Incident reported to:		4. Date incident reported:	
5. Nature of incident			
6. Incident details:			

Continue next page

6. Incident details:
(Continued)

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Complainant's
Signature:

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Date:

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Please post or email your completed form together with your supporting documentation to:

**Australian Dental Council
PO Box 13278
Law Courts Victoria 8010
Australia
Email: info@adc.org.au**

Office use only

Complaint received by

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Date received

/ /

Action taken or required

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Date action completed

/ /

Signature

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