

Complaints form



AUSTRALIAN
DENTAL COUNCIL

This form should be completed by anyone wishing to raise a concern in relation to the Australian Dental Council (ADC).

Please note: This form should not be used for raising concerns regarding the examination process, such as concerns with examination conduct or examination results.

Your details

Please provide your details so that we may respond to your complaint

Title

First name

Surname

Postal address

Telephone

mobile number

e-mail

ADC reference #
(if applicable)

Details of your complaint

Type of complaint

Tell us about your complaint, include, if relevant, what happened, relevant dates, times and names of individuals involved.

Tell us how you would like to see your complaint resolved

Submit your complaint

Please send the completed form together with any supporting documentation to enquiries@adc.org.au or by post to:

The Australian Dental Council

PO Box 13278

Law Courts VIC 8010