



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

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 complaints@adc.org.au or by post to:

The Australian Dental Council
PO Box 13278
Law Courts VIC 8010