



Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

INSTRUCTIONAL SHEET

COMPLAINT PROCESS

NRS 631.360, requires all complaints be in writing setting forth facts, which if proven, would constitute grounds for initiating disciplinary action, investigate the actions of any person practicing dentistry or dental hygiene in this State.

Attached is the Board's complaint form. Please make sure to include the full name of the licensed dentist or dental hygienist who provided the treatment, detailed summary of the issues, and the name of any subsequent treating dentist or dental hygienist.

The Board provides a brief overview of the complaint process.

- 1). The Complaint Form is received and reviewed by the Disciplinary Screening Officer Coordinator for the Board.
- 2). The review determines whether there is validity to the complaint and the matter should be investigated
- 3). Upon verification of the complaint, the complaint is noticed to the licensee. The licensee has fifteen (15) days after receiving the "Notice of Complaint" to provide a factual response and include any additional requested documents.
- 4). Upon receiving the factual response, the matter is assigned to a Disciplinary Screening Officer ("DSO") to investigate the complaint.
- 5). When the investigation is concluded, you will be notified in writing by US Mail.

NOTE: All inquiries about your pending case should be made directly to the DSO assigned to your complaint, Board staff will not be able to provide you status updates.



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COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Nevada State Board of Dental Examiners. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with an asterisk (*) must be provided, whether or not the form is used.

*1. Your Name and Address:

Name: _____

Address: _____

Telephone No.: Home: () _____ Cell: () _____

*2. Full Name of treating Dentist or Dental Hygienist:

Name: _____

Address: _____

Telephone No.: () _____

3. If applicable, name of subsequent treating dentist/dental hygienist or name of second opinion practitioner:

COMPLAINT FORM

A large rectangular box containing 20 horizontal lines for writing a complaint.

COMPLAINT FORM

6. Do you have any documents relevant to your allegation(s), please attach copies of the supporting documentation?

Please mail or fax the completed Complaint Form to:

Nevada State Board of Dental Examiners
6010 S Rainbow Blvd, Suite A-1
Las Vegas, Nevada 89118
Fax No: (702) 486-7046

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- *7. Print Name and Date: Please print name and date the complaint form below.

Print Name

Date