



## 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

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### INSTRUCTIONAL SHEET - PATIENT COMPLAINT PROCESS

NRS 631.360(1) requires all patient complaints be in writing, setting forth facts, which if proven, would constitute grounds for initiating disciplinary action. 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, a detailed summary of the issues or actions underlying your complaint, and the name of any subsequent treating dentist or dental hygienist.

Please note the following:

- **A complaint to the Board is not a civil action.** Filing of a complaint with the Nevada State Board of Dental Examiners (the "Board") does not toll (delay) the expiration of the statute of limitations (the time that you have to file a civil action). Please consult an attorney to determine what, if any, civil remedies you may have. The Board's attorney cannot serve as your attorney and cannot give you legal advice regarding your civil remedies, if any. The Board is not a substitute for any civil action you may feel you have and will not determine or award civil damages (i.e., pain and suffering, economic damages, additional medical expenses, etc.)
- The Board's responsibility as the result of a patient complaint is to determine whether discipline, including potential action against a dental practitioner's license, is warranted. While discipline imposed by the Board, if any, may include patient reimbursement of amounts paid to the licensee for the treatment that is the subject of the patient's complaint, **the Board does not arbitrate, settle or decide fee disputes and does not award "pain and suffering" damages.**
- Once you have been asked to verify your complaint, you may be asked to provide information, submit to an examination by a dentist investigating the complaint, and, if necessary, testify at a hearing concerning the allegations you have brought to the Board's attention. However, the complainant (patient or other party bringing an issue to the Board's attention) is not a party to the investigation that may result from the complaint.
- Though you may receive information from the Board during the course of an investigation, any information you receive is confidential pursuant to the terms of the verification you will sign if the Board has jurisdiction to investigate your complaint.
- The following is a brief overview of the complaint process:
  - 1). The Complaint Form is received and reviewed by the Disciplinary Screening Officer Coordinator for the Board. This review determines whether the Board has jurisdiction over the allegations in the complaint such that the matter should be investigated. This is not a determination that any violations have or have not occurred, only that the allegations are within the Board's jurisdiction to investigate.
  - 2). If it is determined that that Board has jurisdiction to investigate, the patient will be asked to verify the complaint and provide a records release to allow the Board to obtain pertinent medical/dental records.
  - 3). Upon verification of the complaint, the licensee will receive notice of the verified complaint and has fifteen (15) days to provide a factual response and any requested documents. **It is within the Board's discretion to grant extensions of time to respond to the verified complaint.**
  - 4). Upon receipt of the factual response, the matter will be assigned to an investigator (also referred to by the Board as a "Disciplinary Screening Officer" or "DSO") to investigate the complaint.
  - 5). You will be advised of the contact information for the DSO assigned; all inquiries about your pending case should be made directly to the DSO. Board staff will not be able to provide you status updates.
  - 6). When the investigation is concluded, you will be notified in writing, by US Mail, of the outcome of the investigation.

For more information concerning the complaint process, please see the Board's website:

[http://dental.nv.gov/Home/Features/Complaint\\_Resources/](http://dental.nv.gov/Home/Features/Complaint_Resources/)



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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

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