STATE OF NEVADA

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
NEVADA STATE BOARD OF DENTAL EXAMINERS

COMPLAINT FORM PROCESS AND POTENTIAL ACTIONS

I. WRITTEN COMPLAINT PROCESS

Pursuant to NRS 631.360, upon receipt of a verified complaint in writing from any person setting forth facts which, if proven, would constitute grounds for initiating disciplinary action, the Board is required to investigate the actions of any person who practices dentistry or dental hygiene in the state of Nevada. Please note:

- The Nevada State Board of Examiners DOES NOT investigate standard of care issues for dental treatment(s) performed five years ago or longer.
- The Nevada State Board of Dental Examiners DOES NOT investigate billing, insurance, Medicare, or Medicaid issues or matters regarding monetary transactions.
    - Complaints regarding insurance can be filed with the Nevada Division of Insurance, which can be contacted by visiting www.doi.nv.gov, by calling 888-872-3234, or by emailing insinfo@doi.nv.gov. Complaints regarding denied Medicaid benefits can be filed by visiting https://dhcfp.nv.gov/Resources/PI/Hearings. Complaints regarding denied Medicare benefits can be filed by contacting your insurer directly if using a Medicare Advantage (Part C) plan or by visiting https://www.medicare.gov/providers-services/claims-appeals-complaints/appeals/original-medicare if you are seeking coverage under Medicare Parts A or B.
- The Nevada State Board of Examiners DOES NOT have jurisdiction over office personnel of a dental practice (such as receptionists or billers); nor do we have disciplinary authority over dental assistants.

Once the Nevada State Board of Dental Examiners has received the Complaint Form, Verification Form, and the Authorization to Release Records Form, the Board will send the complaint to the licensed dentist or dental hygienist that is the subject of the complaint. Thereafter, upon receipt of the written response and copy of the dental records filed by the dentist or dental hygienist, the investigative file will be assigned to an investigator (also called a Preliminary Screening Consultant or PSC) to investigate the allegations contained in your complaint. Once the PSC completes their analysis, their report goes to a Board Review Panel, who recommends to the whole Board a complaint action.

Please be advised, the General Counsel for the Board is the attorney for the Board Members and staff; the General Counsel does not represent you or the licensee being investigated.

Please note that filing a Complaint with the Board DOES NOT toll the statute of limitation period required for filing a civil tort complaint or claim of malpractice, nor are you required to exhaust the Board's disciplinary process as an administrative remedy before filing a civil tort action.

Mail or Fax completed Complaint Form, Verification Form and Authorization of Release of Records Form to:

Nevada State Board of Dental Examiners
2651 N Green Valley Pkwy, Ste 104
Henderson, Nevada 89014
Fax No: 702.486.7046

II. POTENTIAL COMPLAINT ACTIONS

The potential actions that could result from a Review Panel's investigation and conclusions are:

1) a remand for dismissal, which means that the Review Panel did not find sufficient evidence of unprofessional conduct, professional incompetence, or a violation of another NRS Chapter 361 or NAC Chapter 361 rule to sustain the allegations or to warrant punitive actions;

2) a proposed stipulation, which means that the Review Panel did find sufficient evidence of unprofessional conduct, professional incompetence, or a violation of another NRS Chapter 361 or NAC Chapter 361 rule to sustain the allegations or to warrant punitive actions, but, due to a particular circumstance (such as length time between the treatment and complaint, no prior offenses or disciplinary sanctions, inconsistencies between the complaint and the evidence, etc.), they opted to propose a settlement agreement with the practitioner that would require some form of disciplinary requirements (such as fines, patient reimbursement, continuing education or re-training, etc.) in exchange for not holding a formal administrative hearing; or

3) referral for a formal administrative hearing, which means that the Review Panel did find sufficient evidence of unprofessional conduct, professional incompetence, or a violation of another NRS Chapter 361 or NAC Chapter 361 rule to sustain the allegations or to warrant punitive actions, and there is no circumstance warranting a proposed stipulation or there is some other reason why the full Board should hear the matter (such as the practitioner has multiple complaints, the offense alleged was particularly egregious, the subject of the hearing would be a matter of public interest or policy, etc.).

Please note that you would only *potentially* be contacted after filing the complaint, called as a witness, and/or have to appear at the Board in person if the Review Panel's action is to refer for a formal administrative hearing. If the Review Panel elects to either remand the case for dismissal or offer a proposed stipulation, it is unlikely the Board will contact you again after you file your complaint, and you will not be called upon as a witness or need to appear at the Board offices.

Please also note that the possible penalties the Board can impose are listed in NRS 631.350. The Board does not have the power to award monetary damages for such things as pain and suffering, lost wages, or costs associated with dental care provided by another dental professional, even if those costs were incurred repairing defects caused by the offending dental professional. Should monetary damages be sought, the complainant should consider options for filing suit in small claims or state or federal district court.

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COMPLAINT FORM

A. COMPLAINANT INFORMATION

Complainant's First Name*:	Complainant's Middle Name:	Complainant's Last Name*:
Email Address:	Phone Number*:	Alt Phone Number:
Residence Street Address*:		Apt/Ste:
City*:	State*:	Zip Code*:
☐ Mailing Address is the same as Residence Address		
Mailing Address (if different):		Apt/Ste:
City:	State:	Zip Code:

B. DENTAL PRACTITIONER'S INFORMATION

Dental Practitioner's First Name*:	Dental Practitioner's Middle Name*:	Dental Practitioner's Last Name*:
Dental Practice Name:		Dental Practice Phone Number:
Practice Street Address*:		Ste:
City*:	State*:	Zip Code*:
Name of any subsequent treating dentist or second opinion dentist:		

C. COMPLAINT DETAILS

What date(s) was the treatment in question performed?

_____ _____ _____

C. COMPLAINT DETAILS CONTINUED

Provide a detailed summary of the allegations. Please add additional sheets as needed to explain the situation:

C. COMPLAINT DETAILS CONTINUED

C. COMPLAINT DETAILS CONTINUED

If you have documents relevant to the allegations contained in your complaint, please attach copies of the documents with this Complaint Form.

NOTE: Please complete the Authorization to Release Records Form and Return the Authorization to Release Records Form along with the Complaint Form.

By signing below, I hereby affirm the statements made above are true and accurate consistent with the Verification of Complaint.

Signature of Complainant

Date Signed

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VERIFICATION OF COMPLAINT

Regarding the complaint submitted to the Nevada State Board of Dental Examiners against _____

_____ , I, _____ , declare **under penalty of perjury**
(Dentist(s)/Hygienist(s) Name(s)) (Complainant's Name)

under the laws of the State of Nevada, that the following is true and accurate to the best of my knowledge, or based on information and belief, I believe the following is true and accurate:

1) I am the Complainant in the aforementioned action;
2) I have read the statements, complaint, and documentation to which this verification applies; know the contents thereof; and submit same in good faith;
3) That if called upon to testify regarding the statements made in the attached complaint, I could do so competently;
4) I understand that the investigation into my complaint, including mine and any witness statements made, is confidential;
5) I will keep and maintain the confidentiality of the complaint and any documents and information received from the Board regarding the Board's investigation into my complaint, and I will instruct my agents and representatives to also maintain said confidentiality. This includes maintaining the confidentiality of the Dentist's and/or Dental Hygienist's answer/response to my complaint and any other information revealed during the investigation. I agree I will not use the complaint or response in this case, nor any documentation related to this case outside of generally available and already prepared patient clinical records, in any civil action or lawsuit (this includes, but is not limited to, disclosing, seeking to have admitted into evidence, producing in discovery, providing to expert witnesses, etc.);
6) That I understand and agree that my or my representative or agent's public dissemination or other failure to maintain the confidentiality of the complaint and/or any documents received concerning the investigation into the complaint may result in the dismissal of my complaint; and
7) That, by filing this Complaint, it is not my intent to circumvent or exploit any law found in NRS Chapter 631 and NAC Chapter 631 and Nevada law generally.

I also acknowledge that if I have directed or authorized a person to complete or submit this information on my behalf, I, the Complainant, am fully responsible for the content and factual accuracy of the submission.

_____ _____
Signature of Complainant Date Signed

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AUTHORIZATION FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION

To Whom It May Concern:

I, _____ , date of birth _____, hereby authorize and direct the following persons/entities to furnish to the NEVADA STATE BOARD OF DENTAL EXAMINERS, any and all medical and/or dental records pertaining to me, for any and all dates of treatment:

(Print name of dentist/dental office complained about: _____

(Print name(s) of any other treating dental providers: _____

The disclosable documents include but are not limited to: Any and all medical and dental records; consultation reports; records of treatment; office notes; treatment plans; clinical notes; hygienists' notes; periodontal charts; informed consents; prescription information; intake forms; documentation of telephonic discussions and/or messages; correspondence; consultation reports; referrals; lab reports; drawings or sketches; risk assessments; test results and reports; all x-ray films and reports; MRI scans and reports; CT scans and reports; any and all diagnostic imaging films, tests and their associated reports; bills, invoices, ledgers and statements reflecting all charges and payment history including benefit payments and/or patient payments, patient co-payments or deductibles, adjustments, write-offs or discounts; any charges turned over to collections; all documents contained in the patient's electronic or paper chart; and all documents referenced in the Notice of Complaint & Request for Records letter.

I authorize the NEVADA STATE BOARD OF DENTAL EXAMINERS to obtain the above records on my behalf. I authorize the NEVADA STATE BOARD OF DENTAL EXAMINERS to use the above records in any investigation and/or public hearing conducted by the NEVADA STATE BOARD OF DENTAL EXAMINERS, its attorney, or any agent, representative, investigator, or expert thereof. This release authorizes the NEVADA STATE BOARD OF DENTAL EXAMINERS, its attorney, or any representative, agent, investigator or expert thereof to see, copy, or utilize the above records regarding the patient's condition, treatment, and any and all information or opinions pertaining thereto.

I understand that I may revoke this authorization to the extent allowed by law but understand that, prior to the provider's receipt of a revocation, the provider is not prohibited from the release of information in reliance on my original authorization. I understand that once my health information is released pursuant to this authorization, the NEVADA STATE BOARD OF DENTAL EXAMINERS may re-disclose it as required or necessary pursuant to Federal or State law.

A copy of this authorization is as valid as an original and shall have the same force and effect as the original.

Signature of Complainant	Printed Name
Address	
Phone Number	Date Signed

* Note, the Effective Date of this release is the date signed. The release expires either one year from the date signed, or on the date the Board voted on final resolution of the Complaint, whichever date comes last.