

NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS
NH Office of Professional Licensure and Certification
7 Eagle Square
Concord, NH 03301

CONSUMER COMPLAINT FORM
1-603-271-4561

[NOTE: *The New Hampshire Board of Dental Examiners has no authority to direct a dentist to refund patient fees, nor can it award monetary damages to complainants. If you have further questions about this, please contact the Board.*]

Please type or print clearly

Please provide all requested information

NAME OF DENTIST OR HYGIENIST: _____

ADDRESS: _____

_____ **OFFICE PHONE:** _____

NAME OF PERSON REGISTERING COMPLAINT: _____

ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

EMAIL ADDRESS (if you check it regularly): _____

PATIENT NAME: _____

PATIENT DATE OF BIRTH: _____

DETAILS OF COMPLAINT

REASON FOR VISIT: _____

DATE OF VISIT(S): _____

WHAT ARE YOUR SPECIFIC CONCERNS? PLEASE PROVIDE DETAILED, FACTUAL INFORMATION.

Attach additional sheets as necessary.

SIGNATURE: _____ **DATE:** _____