



Oklahoma State Board of Dentistry  
2920 N. Lincoln Blvd., Ste B  
Oklahoma City, OK 73105  
Phone: (405) 522-4844  
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Email: [obod.board@ok.gov](mailto:obod.board@ok.gov)  
[www.ok.gov/dentistry](http://www.ok.gov/dentistry)

## Oklahoma State Board of Dentistry – Complaint Process

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### What you need to know!

The Board of Dentistry is a state agency empowered to enforce the laws and rules. The Board regulates dentists, dental hygienists, dental assistants, and dental laboratories. A complaint must be against a licensee we regulate. When filing a complaint, be sure to provide as much information as possible. For example: provide copies of statements, narrative, or any other helpful information to ensure a complete understanding of your complaint. We must operate on a standard of proof where clear and convincing evidence exists. Even though you may have a complaint against a dentist, there may not be clear convincing evidence proving a violation of a law or rule. If your complaint does not warrant further review or an investigation, we will send you a letter advising the complaint will be closed. Should the Board decide to conduct a formal hearing you may be sent a lawful subpoena to testify before the Board during a hearing process. The hearing process takes time. Before you file a complaint, be sure you will be able to support your allegation with possible testimony.

The Board of Dentistry has the authority to revoke, suspend, place on probation (with terms and conditions), issue a monetary fine, or censure a license of a dentist, dental hygienist, or dental assistant. Each complaint is reviewed by the Dental Board investigative panel assigned. Investigators gather information for the panel, so the process *cannot* be rushed. The Board of Dentistry will responsibly handle each complaint, please understand the process takes time. You are more than welcome to contact our office at any time during the process.

### How do you file a complaint?

You will need to fill out a Complaint Form and return them to the Board office. If you have already prepared a complaint on your own, please be sure it is attached to our complaint form. If you wish for your complaint to be confidential or anonymous, clearly identify in writing on the complaint form. **Understand, even though you may request confidentiality, the Board may decide to subpoena you during an official hearing process.** If you have pending litigation with the licensee named in the complaint, please indicate the status to the litigation in the narrative portion of your complaint.

### What Type of Complaint Do You File?

Recovery of money for complainants or those who seek damages resulting from a dental problem is beyond our jurisdiction. Typically, **we do not have jurisdiction over the following:**

**\*Billing issues/fee disputes \*Complaints of poor customer or practice management \*Complaints concerning a staff's behavior**

### Is Malpractice an Option?

The Board of Dentistry does not have any control over a malpractice case that may be filed in a District Court. The Statute of Limitation on malpractice cases is 2 years from the date the malpractice is identified. As a consumer, you may seek civil remedy at any time separate from the complaint process with the Board of Dentistry. The Board does require Dentists to carry malpractice insurance.



## OKLAHOMA STATE BOARD OF DENTISTRY

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### COMPLAINT FORM

#### **INFORMATION ABOUT YOU:**

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

CELL PHONE NUMBER:

EMAIL ADDRESS:

IF THIS MATTER GOES TO HEARING, WOULD YOU BE WILLING TO TESTIFY? YES  NO

HAVE YOU CONTACTED THE DENTIST ABOUT YOUR COMPLAINT? YES  NO

#### **INFORMATION ABOUT THE DENTIST:**

NAME OF DENTIST:

NAME OF DENTAL OFFICE:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

**\*Please note that we do not have the authority to investigate fees you believe are too high or to intervene in fee disputes; however, we can investigate complaints involving fraudulent billing.**

**For the Board to take action against a licensee, there must be a specific violation of the State Dental Act or Rules of the Board.**

**PLEASE PRINT OR TYPE CLEARLY. PLEASE PROVIDE, IN YOUR OWN WORDS, A DETAILED STATEMENT OF YOUR COMPLAINT. BE AS SPECIFIC AS POSSIBLE ABOUT YOUR CONCERNS.**

(Attach additional pages if necessary).

The information included herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed