South Dakota State Board of Dentistry

P.O. Box 1079, 105 S. Euclid Ave., Ste C Pierre, SD 57501-1079

Ph: 605-224-1282 Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com www.sdboardofdentistry.com

False Advertising Complaint Form

Please ***type*** or ***print legibly*** and return to the above address. Form must be **SIGNED**.

PERSON REGISTERING COMPLAINT			
NAME			PHONE NUMBERS
ADDRESS			HOME
CITY	STATE	ZIP	BUSINESS CELL
HAVE YOU FILED ANY PREVIOUS COMPLAINTS WITH THIS BOARD? YES○ NO○			

COMPLAINT REGISTERED AGAINST: *(Please use the full name of the PERSON and FACILITY against whom you are filing the complaint.)*		
NAME		DAYTIME PHONE
FACILITY		
ADDRESS		
CITY	STATE	ZIP

DETAILS OF COMPLAINT

1. HAVE YOU COMMUNICATED YOUR CONCERN TO THE PERSON OR COMPANY? **YES**○ **NO**○
   IF YES, ON WHAT DATE AND BY WHAT MEANS:

2. DID THE PERSON OR THE COMPANY RESPOND? **YES**○ **NO**○
   IF YES, WHAT WAS SAID OR DONE?

STATE YOUR COMPLAINT: (Please provide a clear and concise description of the nature of your complaint. Please include a copy of the advertising.) **If more space is needed, please attach additional sheets of paper.**

I AFFIRM THE PRECEDING AND IT IS TRUE TO THE BEST OF MY INFORMATION AND BELIEF. I am filing this complaint to notify the Board of the activities of this practitioner so that it may be determined if discipline is warranted. I understand that a copy of this complaint may be provided to the licensee.

_____ _____

Signature Date