

# How to make a complaint about the General Dental Council

If we make a mistake or our service does not meet your expectations, we want to know so that we can take action.

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- A close-up photograph of a hand holding a silver pen, pointing at a survey form. The form has five radio button options: Excellent, Good, Average, Poor, and Bad. The 'Excellent' option is the most prominent and is being pointed at by the pen tip.
- Excellent**
  - Good**
  - Average**
  - Poor**
  - Bad**

### **Our Aim**

We are committed to receiving, responding to and learning from complaints about our service swiftly as part of our commitment to continuously improve the service we offer.

Our aim is that wherever possible we will solve a problem on the spot. If it can't be resolved quickly we will let you know how long we expect it will take to investigate and resolve.

### **Is my complaint justified?**

Many people are reluctant to complain or express a concern that they may have, but if you have had a negative experience or if we did not meet your expectations then you are most certainly justified in informing us of your concerns - we want to hear from you.

As the regulator of the dental team, some of the decisions we make are based on policy or regulations. This type of decision will not be reversed unless investigation of a complaint shows that the policy or regulation has been wrongly applied. But we still want your feedback so that we can evaluate the fairness and impact of our standards, the regulations and policies that we uphold.

### **What we will do**

We will acknowledge your complaint as soon as possible after we receive it, and ask for any extra information we need to help us resolve your complaint in a timely manner. You can complain verbally or in writing.

We will agree a timeframe with you for resolving your complaint effectively. We will let you know what you can expect.

If the outcome of our investigation into your complaint does not satisfy you, we will offer you the right to have the matter reconsidered by a senior member of staff.

### **How we are going to do it**

We will establish what the problem is and what solutions we can offer to resolve the problem(s).

### **Why your complaint is important**

We view complaints as an important and useful source of feedback about how we have performed.





## Equality monitoring form

You do not need to fill in this section. However, it would be useful for us if you did. We need to make sure that all sections of the community have equal access to all our services. You can help us to find out whether this is happening by providing the information we ask for below. Please choose the options which best describe you.

### AGE

16-21     22-30     31-40     41-50     51-60     61-65     over 65

### DISABILITY

Do you consider yourself disabled?     Yes     No

(The DDA defines disability as a physical or mental impairment which substantial long-term effect on a person's ability to carry out normal day to day activities.)

### ETHNIC ORIGIN

#### Asian or Asian British

Bangladeshi     Indian     Pakistani     Any other Asian background (please specify)

#### Mixed Ethnic Background

White & Asian     White & Black African     White & Black Caribbean     Any other mixed ethnic background (please specify)

#### Black or Black British

African     Caribbean     Any other Black background (please specify)

#### White

British     Irish     Any other White background (please specify)

#### Chinese or any other ethnic group

Chinese     Any other ethnic background (please specify)

### GENDER

Female     Male

### SEXUAL ORIENTATION

Bisexual     Gay man     Gay woman     Heterosexual     Prefer not to say

### RELIGION /BELIEF

Buddhist     Sikh     Christian     Hindu     Jewish     Muslim     None     Prefer not to say  
 Other religion / faith (please specify)

### PLEASE RETURN THIS FORM TO THE ADDRESS BELOW

**We want to make sure all of our services are accessible to everyone.**

If you would like a copy of this leaflet in a different format (for example, in large print or audio) or in a language other than English, please contact us.

### GENERAL DENTAL COUNCIL

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### Office use only

Date received: .....

Response by: .....

Reference number: .....

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Referred to: .....

Date: .....