

## **Commission on Dental Accreditation**

### **Guidelines for Filing a Formal Complaint Against an Educational Program**

The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students. The Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role.

A “formal” complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint including specific documentation or examples. Complainants who submit complaints verbally will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the Evaluation and Operational Policies and Procedures manual. The complaint will be reviewed to determine whether there is sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed with an investigation.

An “anonymous comment/complaint” is defined as an unsigned comment/complaint submitted to the Commission. Any submitted information that identifies the complainant renders this submission a formal complaint and will be reviewed as such (e.g. inclusion of a complainant’s name within an email or submitted documentation). All anonymous complaints will be reviewed by Commission staff to determine linkage to Accreditation Standards or CODA policy and procedures. If linkage to Accreditation Standards or CODA policy is identified, legal counsel, the Chair of the appropriate Review Committee, and the applicable Review Committee members may be consulted to assist in determining whether there is sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed with an investigation. (See Formal Complaints). However, due to the anonymous nature of the submission, the Commission will not correspond with the complainant.

Anonymous comments/complaints determined to be unrelated to an Accreditation Standard or CODA policies and procedures will not be considered. Anonymous comments/complaints that do not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s) to proceed, will not be considered.

For a Formal Complaint, once you have carefully read the Commission on Dental Accreditation’s Policies on Complaints, please fully complete this form and submit it to the commission office along with any relevant information to support the complaint.

For an Anonymous Complaints, once you have carefully read the Commission on Dental Accreditation’s Policies on Complaints, you may use the form below to identify standards or policies for which the program may not be compliant and provide any relevant information to support the complaint; however, the anonymous complaint must not include the name, contact information or signature of the complainant. If a name, contact information or a signature is included, the complaint will be handled as a formal complaint.

**In your responses to the items below, do not disclose any sensitive personally identifiable information (“PII”) or identifiable patient information (“PHI”). See below for more information about PII and PHI.\***

**Dental Discipline of the Program:**

**Name of School/Institution and Address of Program:**

**Please list the Accreditation Standards with which you believe the program is non-compliant.**

1. Provide specific references to the standards and include sub-sections if applicable. You can find the Accreditation Standards on the CODA website. If you do not have access to the internet to view the relevant standards, please call 312-440-4653.
2. Following each standard listed, describe how/why the program is not in compliance.
3. Attach documentation which reflects the alleged noncompliance (The complaint must provide sufficient evidence of probable cause of noncompliance with the standards).

**Please list any Commission on Dental Accreditation policies and/or procedures with which you believe the program is non-compliant.**

1. Provide specific references to policies and/or procedures and include sub-sections if applicable. You can find the CODA Evaluation and Operational Policies and Procedures (EOPP) manual on the CODA website. If you do not have access to the internet to view the relevant standards or EOPP, please call 312-440-4653.
2. Following each policy/procedure listed, describe how/why the program is not in compliance.
3. Attach documentation which reflects the alleged noncompliance of the program. (The complaint must provide sufficient evidence of probable cause of noncompliance with required accreditation policies and procedures).

It is noted that the burden rests on the complainants to keep their identity confidential. Complainants who do not wish to reveal their identities to the accredited program must develop their complaints in such a manner as to prevent the identity from being evident. The Commission, upon request, will reasonable precautions to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant. Please check here if applicable:

- [ ] I would like the Commission to take reasonable precautions to prevent my identity from being revealed to the program. I understand that the Commission cannot guarantee the confidentiality of the complainant.

In addition, please note that following submission of the complaint, it becomes property of the Commission and cannot be withdrawn.

**Signed (your name):**

**Date:**

**Your Name (printed):**

**Address:**

**City, State, Zip:**

**Email:**

**Phone Number:**

*Note: E-signatures are acceptable.*

*\*About PII and PHI:*

*The complaint must NOT contain any sensitive personally identifiable information (“Sensitive Information” or “PII”) as outlined in “Privacy and Data Security Requirements” (see below). Similarly, such documentation must not contain any identifiable patient information (“PHI”); therefore, no “patient identifiers” may be included (see below).*

*Before sending documents, the complainant must fully and appropriately redact all PII and all patient identifiers such that the PII and patient identifiers cannot be read or otherwise reconstructed. Covering information with ink is not an appropriate means of redaction.*

***PII: What is sensitive personal information?***

In general, sensitive personal information is information about an individual that can be used to commit identity theft and other kinds of harm. CODA prohibits all programs/institutions and complainants from disclosing PII in electronic or hard copy documents. Some examples of categories of sensitive personal information are:

- Social security numbers
- Credit or debit card number or other information (e.g., expiration date, security code)
- Drivers’ license number, passport number, or other government issued ID
- Account number with a pin or security code that permits access
- Health insurance information
- Mother’s maiden name
- Tax ID number
- Full date of birth (If a program or complainant has sent information that only includes birthdate, redact the information and save the copy in File Web. No further action required.)
- Any data protected by applicable law (e.g. HIPAA, state data security law)

**HIPAA: De-identifying PHI**

- a. Do not include any patient information (even de-identified PHI) in a site visit report or any other CODA document.
- b. Do not use redaction (e.g., black marker) to de-identify PHI without the prior approval of the Security Official.

c. How to de-identify PHI:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/combined/hipaa-simplification-201303.pdf>. The HIPAA Privacy Rule provisions on de-identification, including the 18 identifiers, can be found on pages 96-97.

To de-identify protected health information, the following identifiers of the individual or of relatives, household members, and employers must be removed:

1. Names, including initials
2. Address (including city, zip code, county, precinct)
3. Dates, including treatment date, admission date, over 89 or any elements of dates (including year) indicative of such age, date of birth, or date of death [a range of dates (e.g., May 1 – 31, 2021) is permitted provided such range cannot be used to identify the individual who is the subject of the information]
4. Telephone numbers
5. Fax numbers
6. E-mail addresses
7. Social Security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers
13. Device identifiers and serial numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers (e.g., finger and voice prints)
17. Full face photographic images and comparable images
18. Any other unique identifying number, characteristic, or code:
  - that is derived from information about the individual
  - that is capable of being translated so as to identify the individual, or
  - if the mechanism for re-identification (e.g., the key) is also disclosed

In addition, if the information provided to CODA cannot be capable of being used alone or in combination with other information to identify the individual.