Camden County Council #10
330 Market St., 2nd Floor
Camden, NJ 08102
Phone: (856) 541-4191
Fax: (856) 541-9390

DENTAL COMPLAINT FORM

Member's Name: _____ Date of Dental Service: _____

Employer
- ☐ Camden County
- ☐ Camden County Health Services Center
- ☐ Camden County Library
- ☐ Camden County Mosquito Commission
- ☐ Camden Parking Authority
- ☐ Gloucester Township DPW

Who Received Dental Care
- ☐ Council #10 Member
- ☐ Dependent to Member:

Dependent's Name & Relationship

_____

_____

Complaint
- ☐ Care Provided
- ☐ Communication Issue
- ☐ Scheduling
- ☐ Other

Please explain in detail the nature of your complaint and return completed form to a Council #10 Representative or mail to the Union Office listed above. Include dental staff name(s) if available:

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Member's Signature: _____ Date: _____