



CWA Local 1014  
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 Library
- Camden County Mosquito Commission
- Camden Parking Authority
- Gloucester Township DPW

### Who Received Dental Care

- CWA Local 1014 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 CWA Local 1014 Representative or mail to the Union Office listed above. Include dental staff name(s) if available:

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Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_