CALIFORNIA DENTAL
ASSISTANT PROGRAM

The California Dental Assistant Program
STUDENT CONCERN & INCIDENT REPORT FORM

Version 3.1, November 2026. Student Handbook Sections 5.3 and 15.1

1. Purpose of This Form

The California Dental Assistant Program (CDA Program) provides this form for students to report any incident that occurs during program-related activities, including hands-on classes, clinical internships, interactions with program staff, and other activities connected to the program.

An incident may involve an injury, accident, unsafe condition, inappropriate conduct, harassment, unfair treatment, disagreement, or any other situation the student believes requires the program's attention.

2. Before You Submit

- Emergencies: call 911 first. This form is not for urgent safety concerns.
- Coursework, scheduling, or placement questions: talk to your Student Success Coordinator first. Most issues are resolved there.
- Harassment at your internship site: also tell your Clinical Education Coordinator right away.
- If your concern involves your Student Success Coordinator or the Student Success Team: email hello@californiadentalassistant.com with the subject line "Confidential Report" instead, and it will go directly to Program Administration.

No Retaliation

The program prohibits retaliation against anyone who reports a concern, harassment, or discrimination, or who takes part in a review.

What Happens Next

The Program Administration team will respond within 7 business days. Reports are documented in your student record and shared only with the people who need them to review and resolve the issue.

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3. Reporting Guidelines

When submitting this form, the student must:

- Provide an accurate and factual account of the incident.
- Include the date, location, and individuals involved, where known.
- Describe any injuries, concerns, consequences, or other relevant details.
- Identify any immediate action already taken or assistance received.
- Clearly explain what action or resolution they are requesting from the program.

Reports should be submitted as soon as reasonably possible after the incident. If the incident involves harassment at an internship site, the student should also notify their Clinical Education Coordinator immediately.

Important: Submitting this form documents the student's report but does not guarantee a particular outcome. The Program will review the information provided and determine appropriate next steps based on the circumstances.

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STUDENT NAME: **TODAY'S DATE:** MM / DD / YYYY

4. Incident Details

1. Student Full Name: Your Full Name

2. Date of Incident: Incident Date

3. Approximate Time of Incident: Incident Time

4. Location Where the Incident Occurred: Incident Location

5. Type of Activity During Which the Incident Occurred:

- [ ] Clinical Internship
- [ ] Hands-On Class or Training
- [ ] Communication or Interaction with Program Staff
- [ ] Other Program Related Activity
- [ ] Other (Please Specify): Incident Type (If Applicable)

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6. Type of report:

- [ ] Incident (Injury, Accident, Unsafe condition)
- [ ] Harassment or discrimination
- [ ] Concern or complaint about the program, staff, an instructor, a student, or a host site
- [ ] Other (Please Specify): Report Type

7. Individuals Involved in the Incident:

List the names and roles of any individuals involved, if known. These may include students, instructors, dental offi

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8. Describe the Incident:

Provide a clear and detailed account of what happened. Include the events leading up to the incident, what occurred,

9. Describe Any Injury, Impact, or Consequences:

Explain whether the incident resulted in a physical injury, emotional distress, disruption to your training, an unsafe si

10. Immediate Actions Taken:

Describe any actions taken after the incident, including whether you notified anyone, sought assistance, received m

11. Supporting Information or Witnesses:

List any information that would help us understand the incident better here. Email files to hello@californiadentalassi

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5. Requested Resolution

12. What Actions or Resolutions Are you Requesting from the CDA Program?

Explain what you would like the program to do in response to this incident. You may request assistance, clarification,

13. Is There Any Additional Information or Notes the CDA Program Should Consider?

Include any other details, concerns, or circumstances that may be relevant to reviewing your report.

If you have any questions or would like to submit any additional documents, please feel free to email us at hello@californiadentalassistant.com.

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6. Statement of Understanding

By submitting this form, I acknowledge and agree to the following:

- I confirm that the information provided in this report is true and accurate to the best of my knowledge.
- I understand that CDA Program may contact me for additional information or clarification.
- I understand that CDA Program will review the report and determine appropriate next steps based on the circumstances and applicable program policies.
- I understand that submitting this report does not guarantee a specific resolution or outcome.
- I understand that I should report urgent safety concerns to the appropriate responsible person or emergency services, when necessary, rather than relying solely on this form.
- I understand that this report may be documented in my student record and shared with appropriate individuals as reasonably necessary to review and address the incident, subject to applicable confidentiality requirements.

Student Full Name: Full Name _____

Student Signature: Signature _____

Parent/Guardian/Responsible Party Name: Full Name _____ *(Required only if student is under 18)*

Parent/Guardian Signature: Signature _____

Today's Date: MM / DD / YYYY _____