



Complaint Form

Please note that the College regulates only Opticians, Student Opticians and Intern Opticians, and not optical stores, dispensaries, corporations or their non-optician owners or managers.

Please also note that the College is not able to provide you with alternative vision services or assistance, nor does the College have the legal authority to deal with issues that are solely of a monetary nature, such as prices or refunds.

To initiate a complaint against a member of the College, please complete this form to the best of your ability.

SECTION A:

Person Registering Complaint	
Name:	
Address:	
City:	
Province:	Postal Code:
Email Address:	
Phone:	
Please note: If you are not the patient please describe your relationship to the patient and provide details about the patient below (parent, guardian, spouse, child, relative, lawyer, friend):	

SECTION B:

Patient Information	
Name:	
Address:	
City:	
Province:	Postal Code:
Email Address:	
Phone:	
Please Note: If you are making a complaint on behalf of or regarding a patient, consent from the patient or the patient's legal representative to release medical and/or confidential information will be requested.	

SECTION C:

Member(s) of the College you are Making a Complaint Against		
<input type="checkbox"/> Optician	<input type="checkbox"/> Intern	<input type="checkbox"/> Student
Member's Name:		
Registration Number:		
Name of Optical Dispensary:		
Address:		
City:		
Province:	Postal Code:	
Email Address:		
Phone:		

SECTION D:

Details of Complaint
<p>On a separate sheet, please provide a brief and legible outline of your concerns, including the following:</p> <ul style="list-style-type: none"> • A chronological description of the events that took place between the patient and the Member, including the reason(s) you are concerned about the member's care, behavior, etc. • Dates of service • A description of any efforts you have already made to resolve this matter • Any supporting documentation with an explanation of how <u>each</u> document relates to your concern

Should you wish to speak with someone regarding the complaints process, please contact the Complaints Department at the College of Opticians for further information.

Phone: (416) 368-3616 or (800) 990-9793 ext. 212

Email: complaints@coptont.org

This form may be mailed or faxed to:

The College of Opticians of Ontario
 85 Richmond St. W., Suite 902
 Toronto, ON M5H 2C9
 Fax: 416-368-2713