



**COLLEGE OF  
OPTICIANS  
Ontario**

85 Richmond Street West, Suite 902  
 Toronto, Ontario. M5H 2C9  
 Tel: (416) 368-3616 • (800) 990-9793  
 Fax: (416) 368-2713 • (800) 990-9698

## COMPLAINT FORM

*You may wish to speak with staff at the College before lodging a formal complaint.*

*To initiate a complaint against a member of the College, please complete this form to the best of your ability and mail/fax it to the address above along with a brief outline of your concerns/complaint (see section D).*

### SECTION A

Person Registering Complaint		
<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>		
<b>Province:</b>		
<b>Postal Code:</b>		
<b>Phone:</b>	<b>Home:</b>	<b>Work:</b>
If you are <b>not</b> 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		
<b>Patient's Name:</b>		
<b>Address:</b>		
<b>City:</b>		
<b>Province:</b>		
<b>Postal Code:</b>		
<b>Phone:</b>	<b>Home:</b>	<b>Work:</b>
<i>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.</i>		

## 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 #:		
Address:		
City:		
Province:		
Postal Code:		
Phone:	Work:	Other:

## 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"><li>• Dates of Service</li><li>• Location of Service</li><li>• The reason(s) you are concerned about the member's care, behaviour, etc.</li><li>• A description of any efforts you have already made to resolve this matter</li><li>• Any supporting documentation with an explanation of how <u>each</u> document relates to your concern</li></ul>

**Correspondence regarding Complaint Investigations must be conducted by regular mail.**

Should you wish to speak with someone regarding the complaints process, please contact the Complaints Department at the College of Opticians or log on to our website at [www.coptont.org/complaints.html](http://www.coptont.org/complaints.html) for further information.

**Phone:** (416) 368-3616 or (800) 990-9793 ext. 203

**Email:** [complaints@coptont.org](mailto:complaints@coptont.org)

*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.*