



College of Optometrists of Ontario Complaint Form

If you would like to talk to someone about the care provided by an optometrists, the conduct of an optometrists, or the College's complaints process, please contact the College at:

Tel: 416-962-4071 or 1-888-825-2554, extension 30

Fax: 416-962-4073

E-mail: mkavanagh@collegeoptom.on.ca

To make a formal complaint about an optometrist, please complete this form and mail or fax it to the College with a brief outline of your concerns on a separate sheet.

1. Person Filing Complaint		
Salutation: <small>(Ms/Mrs/Miss/Mr/Dr)</small>		
Name:		
Address:		
City:		
Province:		
Postal Code:		
Phone:	Home:	Work:
E-mail:		
	<i>If you are not the patient, please describe the relationship to the patient (parent, spouse, child, relative, health professional, lawyer, friend):</i>	

Please note that if you are submitting a complaint on behalf of a patient, consent from the patient to release medical information will be requested.

2. Patient Information (if different from above)		
Salutation: <small>(Ms/Mrs/Miss/Mr)</small>		
Patient's Name:		
Address:		
City:		
Province:		
Postal Code:		
Phone:	Home:	Work:



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The Optometrist will be notified of your complaint within 14 days. A copy of your complaint will be sent to the Optometrist and (s)he will be asked to respond to it.

3. Optometrist(s) you are complaining about	
Optometrist's Name:	
Practice Address:	
City:	
Province:	
Postal Code:	
Phone:	

4. Details of Complaint
<p>On a separate sheet, please provide a brief outline of your concerns, including the following:</p> <ul style="list-style-type: none">• Date(s) of service• Reason(s) you are concerned about the optometrist's care, behavior, etc.• Detail any efforts you have made to resolve the matter• Any supporting document(s) with an explanation of how each relate to your concern(s) <p>Please note: <i>The College may request consent from you (if you are the patient) to release confidential information. Consent will be requested from the patient or the patient's legal representative if you are lodging a complaint on behalf of or regarding a patient.</i></p>

Please note that the College has no authority to direct the Optometrist to pay money, provide any kind of monetary compensation or make a refund.

Please fax or mail your complaint to:

Fax: 416-962-4073

Mail: Director, Investigations and Resolutions
College of Optometrists of Ontario
1867 Yonge Street, Suite 901
Toronto ON M4S 1Y5