

## Complaint Form

If you would like to talk to someone about the care you received from an optometrist, the optometrist's conduct, or the College's complaint process, please contact the College at:

Tel: 416-962-4071 or 1-888-825-2554, extension 23 or 30

Fax: 416-962-4073

E-mail: [mkavanagh@collegeoptom.on.ca](mailto:mkavanagh@collegeoptom.on.ca)

The College has no authority to deal with monetary issues, direct the optometrist to provide any kind of monetary compensation, or make a refund. The College's complaint process deals with professional conduct, competency, or capacity of registered optometrists in Ontario.

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

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

If you are submitting a complaint on behalf of a patient, consent from the patient (unless the patient is a minor child and you are the parent / guardian) to release medical information will be requested.

<b>2. Patient Information (if different from above)</b>	
Patient's Name:	Mrs./Ms./Miss Mr. Dr.
Address:	
City:	
Province:	
Postal Code:	
Phone:	Home: <input type="text"/> Work: <input type="text"/>

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The optometrist you are complaining about will be notified of your complaint within 14 days. A copy of your complaint will be provided 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><b>On a separate sheet</b>, please provide a brief outline of your concerns, including the following:</p> <ul style="list-style-type: none"> <li>• Date(s) of service</li> <li>• Reason(s) you are concerned about the care you received, the optometrist's behavior, etc.</li> <li>• Detail any efforts you have made to resolve the matter</li> <li>• Any supporting document(s) with an explanation of how each relate to your concern(s).</li> </ul> <p><b>Please note:</b> <i>The College may request consent from you (if you are the patient) to contact other health care professionals who provided care to you. Consent will be requested from the patient or the patient's legal representative if you are filing a complaint on behalf of or regarding a patient.</i></p>

Please e-mail, fax or mail your complaint to:

E-mail: [mkavanagh@collegeoptom.on.ca](mailto:mkavanagh@collegeoptom.on.ca)

Fax: 416-962-4073

Mail: Director, Investigations and Resolutions

College of Optometrists of Ontario

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