

## COMPLAINT REPORTING FORM

*All complaints must be submitted in writing and must be signed.*

*Please review carefully prior to completion and print clearly and legibly.*

### 1. Contact information of the person making the complaint:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Business: \_\_\_\_\_

Email address: \_\_\_\_\_

### 2. Patient information (individual who received the optometric service) if different from the person making complaint:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Business: \_\_\_\_\_

Relationship to complainant: \_\_\_\_\_

### 3. Name and address of optometrist complained about\*:

\_\_\_\_\_  
\_\_\_\_\_

*\*A separate complaint reporting form must be completed for each optometrist being complained about.*



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Description and full details of complaint... continued from previous page:

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**Document(s) enclosed:**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

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Signature of Person Making Complaint Date

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Signature of Patient or Power of Attorney Date  
*(if different from the person making the complaint)*

**Return this form to:**

**Complaints Director  
Alberta College of Optometrists  
#102 8407 Argyll Road NW  
Edmonton, Alberta T6C 4B2**

**TOLL FREE: 1-800-668-2694  
Phone: 1-780-466-5999  
Fax: 1-780-466-5969**