

Complaint Reporting Form

Once form is completed hit the print button, sign, and mail to #102, 8407 Argyll Road NW, Edmonton, Alberta T6C 4B2

1. Contact Information of the Person Making the Complaint:

Full Name

Street Address

City

Postal Code

Telephone (Home):

Business

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

Full Name

Street Address

City

Postal Code

Telephone (Home)

Business

Relation to complainant:

3. Name and address of optometrist complained about:

Full Name

Street Address

City

Postal Code

4. Provide a clear description of the complaint about the optometrist including relevant dates. List and attach any documentation (if applicable) pertaining to your complaint.

5. Document(s) enclosed:

a.

b.

c.

d.

e.

Signature of Person Making Complaint

Date

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

Date



[Click Here to Print](#)

Once printed, please sign and return this form to:

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