

## 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:

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Full Name

---

Street Address

---

City

---

Postal Code

---

Telephone (Home):

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Business

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

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Full Name

---

Street Address

---

City

---

Postal Code

---

Telephone (Home)

---

Business

---

Relation to complainant:

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

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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:

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a.

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b.

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c.

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d.

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e.

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Signature of Person Making Complaint

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Date

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

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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