

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: 416-479-9295

E-mail: complaints@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 submit it to the College.

The information you provide on this form will only be used for the purpose of investigating and deciding on your complaint. The College will not share the information outside of the investigation, and discipline/appeal process, if applicable.

NOTE: Please download and open this form using the Adobe Acrobat Reader for a user-friendly experience.

Checklist for Submission:

- Complainant Information
- Patient Information (if different from above)
- Optometrist You Are Complaining About
- Details of Complaint
- Consent Form

How to Submit (3 options):

1. Press the 'SUBMIT' button on the last page (page 4);
2. Email the completed form to complaints@collegeoptom.on.ca; or
3. Mail the completed form to:
Coordinator, Investigations and Hearings
College of Optometrists of Ontario
65 St. Clair Ave E, Suite 900
Toronto, ON M4T 2Y3



Complaint Form – Complainant & Patient Information

1. Complainant Information			
First Name		Last Name	
Preferred Pronouns			
Address			
City			
Province			
Postal Code			
Phone #			
E-mail			
<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>			

2. Patient Information (if different from above)			
First Name		Last Name	
Address			
City			
Province			
Postal Code			
Phone #			
E-mail			

Complaint Form – Optometrist(s) Information & Complaint Details

The optometrist you are complaining about must 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.

3. Optometrist(s) You Are Complaining About	
Optometrist's Name	
Practice Address	
City	
Province	
Postal Code	
Phone #	

4. Details of Complaint
<p>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 care you received, the optometrist's 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) by clicking the 'Attach Document(s)' button (if you have multiple documents, you can add them only one at a time) <ul style="list-style-type: none"> ○ You can check the attached files by clicking on the paper clip icon on the left panel <p>Please note: <i>If you are submitting a complaint about the care you received or if the patient is a minor child and you are the parent / guardian, please complete and sign the consent form on the next page and attach it to your complaint form. If you are submitting a complaint on behalf of another patient, please make sure the patient has completed and signed the form on the next page after carefully reviewing it.</i></p>

Consent Form – Release of Information

As part of our investigation, we may need to obtain your relevant personal health information including your patient record from the optometrist(s) you complained about, from health care practitioners who treated you and/or from facilities at which you were treated related to the optometric care you received. For this purpose, we ask that you complete the following form.

I, _____ (your name) / _____ (your date of birth – DD/MM/YYYY), consent to the release of my personal health information to the College of Optometrists of Ontario by the following:

A. The optometrist you are complaining about

Optometrist's Name (First, Last)	
Practice Address	

***If you wish to complain about additional optometrist(s), please attach additional consent pages as needed and sign each page.**

B. Other optometrist(s) (who are not the subject of my complaint), ophthalmologist(s), health care practitioners, and facilities who have treated me related to the optometric care I received

1	Name	
	Address	
2	Name	
	Address	

***If additional optometrist(s), ophthalmologist(s), health care practitioner(s), and facilities were involved, please attach additional consent pages as needed and sign each page.**

The College has a duty of confidentiality with respect to all information obtained in the course of its investigation. However, the College may share some or all of your personal health information with the optometrist(s) who are the subject(s) of the complaint.

If either you or the optometrist(s) appeal the College's decision, medical information and other information collected during the investigation must be disclosed to the Health Professionals Review and Appeal Board, which is a public forum.

I understand the purpose for which this consent is given. I understand that I can withdraw or limit my consent at any time by providing written notice to the College. I understand that I can refuse to sign this consent form. However, I understand that the College may proceed in the absence of patient consent and reach a decision without having the benefit of this information.

Date (DD/MM/YYYY)

Patient's Name

Signature of Patient