



COMPLAINT FORM

The College encourages all potential complainants to contact the College prior to lodging a formal complaint. To initiate a complaint against a registrant of the College, please complete this form to the best of your ability and email/fax it to the College.

SECTION A – Guiding Questions

	Yes	No
Have you verified that the person you are lodging a complaint against is an Optician?	<input type="checkbox"/>	<input type="checkbox"/>
Has there been any attempt to resolve the issue(s) with the Optician in question?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware that the College has no jurisdiction over refunds or business practices?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION B – Name of Complainant

Name:	Age*: Under 19 <input type="checkbox"/> 19 – 64 <input type="checkbox"/> Over 64 <input type="checkbox"/> <small>*Affects eligibility for certain services offered by an optician</small>
Address:	
City:	Province:
Postal Code:	Email:
Phone:	Mobile:
Preferred method of contact: Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/>	
<i>If you are not the patient, please describe your relationship to the patient and provide details about the patient in section C (parent, guardian, spouse, child, relative, lawyer, optician, optometrist)</i>	

SECTION C – Name of Patient (if different than above)

Name:	Age*: Under 19 <input type="checkbox"/> 19 – 64 <input type="checkbox"/> Over 64 <input type="checkbox"/> <small>*Affects eligibility for certain services offered by an optician</small>
Address:	
City:	Province:
Postal Code:	Email:
Phone:	Mobile:
Preferred method of contact: Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/>	
<i>If you are not the patient, please describe your relationship to the patient and provide details about the patient in section C (parent, guardian, spouse, child, relative, lawyer, optician, optometrist)</i>	

SECTION D – Optician

Optician Name:	
Business Name:	
Business Address:	
City:	Province:
Postal Code:	Phone:



SECTION E – Services Received

Please check all that apply:

Sight Test (Automated Refraction)

Contact Lens Fitting

Dispensing of Eyeglasses

Eye Exam

**Please note that eye exams are outside an Optician's scope of practice. This option is to indicate if an Optician has conducted unauthorized practice or indicated that (s)he was not qualified to do so.*

SECTION F – Details of the Complaint

Date of Service:

Date(s) of additional visits (if any):

List the reason(s) you are concerned about the registrant's quality of care or behaviour:

Please describe what efforts (if any) you have already made to resolve the matter:



Attach any supporting documentation. Include details of how each document relates to your complaint (eg: invoice, prescription, assessment record):

SECTION G – What is your desired outcome?

Please check all that apply:

Find out if the eyewear was dispensed according to regulations and standards.

Find out if the service was provided according to regulations and standards.

Replace eyewear

Remedial action for the optician

** Please also note that the College does not have the legal authority to deal with issues that are solely of a monetary nature, such as prices, warranties or refunds*

SECTION H – How did you hear about the College?

College Contact Information

Address	2855 Arbutus Street, Vancouver, BC V6J 3Y8
Phone	604-278-7510 x201 or 1-888-771-6755
Fax	604-278-7594
Email	reception@cobc.ca

Please note that the College regulates only opticians, and student opticians; not optical stores, dispensaries, corporations or their non-optician owners or managers. Please also note that the College does not have the legal authority to deal with issues that are solely of a monetary nature, such as prices, warranties or refunds.

Complainant's Signature

Date