



Suite 420 – 2025 West Broadway
 Vancouver, BC V6J 1Z6
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 Fax: 604.278.7594

Complaint Form

*You may wish to speak with staff at the College before lodging a formal complaint.
 To initiate a complaint against a member of the College, please complete this form to the best of your ability and mail/fax it to the address above along with a brief outline of your concerns/complaint (see section D).*

SECTION A – Name of Complainant

Name:		
Address:		
City:	Province:	
Postal Code:	Email:	
Phone:	Mobile:	Work:
<i>If you are not the patient please describe your relationship to the patient and provide details about the patient below (parent, guardian, spouse, child, relative, lawyer, friend):</i>		

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

Patient's Name:		
Address:		
City:	Province:	
Postal Code:	Email:	
Phone:	Mobile:	Work:
<i>If you are making a complaint on behalf of or regarding a patient, consent from the patient or the patient's legal representative to release medical and/or confidential information will be requested.</i>		

SECTION C – Member of the College

<input type="checkbox"/> Optician	<input type="checkbox"/> Contact Lens Fitter Optician	<input type="checkbox"/> Student Contact Lens Fitter
Member Name:		
Business Name:		
Business Address:		
City:	Province:	
Postal Code:	Phone:	

SECTION D – Details of Complaint

On a separate sheet, please provide a concise letter to describe your complaint. Please remember to include the following information:

- Dates of Service
- Location of Service
- The reason(s) you are concerned about the member's quality of care or behavior
- A description of any efforts you have already made to resolve this matter
- Supporting documentation with explanations of how each document relates to your complaint

SECTION E – How did you hear about the College?

Please check all that apply:

- Another Health Professional (please specify e.g. optician, doctor, optometrist)

- Online
- From the optician of whom the complaint is against
- Through another organization (please specify e.g. Better Business Bureau) _____

- Other (Please specify) _____

Should you require more information about the complaints process, please contact the College of Opticians of British Columbia or visit our website at http://www.cobc.ca/How_to_File_a_Complaint.aspx

Phone: 604.278.7510 or 1.888.771.6755

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, warranty or refunds.