

Janice K. Brewer
Governor

Brian Mach, O.D.
President

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Vice President



Arizona State Board of Optometry

1400 West Washington, Suite 230

Phoenix, AZ 85007

Margaret Whelan
Executive Director

Telephone (602) 542-3095 • Fax (602) 542-3093

Please complete and return both the complaint form and record release authorization form. In addition, include your detailed explanation/narrative of the complaint and copies of any pertinent information, which may assist us in our review. You will be notified by mail that we have received your complaint.

The Arizona State Board of Optometry will review your material and determine if an investigation will take place. You will be advised of any public meeting at which your complaint will be discussed.

If you have any questions, please contact me at (602) 542-8155.

Sincerely,

A handwritten signature in black ink that reads "M. Whelan".

Margaret Whelan
Executive Director

Enclosures: Complaint Form
Record Release Authorization



ARIZONA STATE BOARD OF OPTOMETRY
1400 West Washington, Suite #230
Phoenix, AZ 85007
 Telephone: (602) 542-3095 Fax: (602) 542-3093

COMPLAINT FORM:

Name*: _____ Home Phone: _____

Address: _____ Work Phone: _____

Patient's Name*: _____

Address: _____

Optometrist Name: _____ Contact Phone: _____

Business Name: _____

Address: _____

Date of Examination: _____ Purchase Date: _____ Amount Paid: _____

Please state your complaint on a separate sheet of paper describing, in detail, each problem with the optometrist. Please provide dates of visits, names, addresses and phone numbers of any witnesses. Send photocopies of advertisements, prescriptions, billings, purchase invoices and other related documents.

My complaint concerns the following problems:	YES	NO
1. Deceptive advertising or statements:	[]	[]
2. Improper correction/fit of eyeglasses or contact lenses:	[]	[]
3. Defective or poor quality eyeglasses or contact lenses:	[]	[]
4. Refusal to give me a copy of a prescription:	[]	[]
5. My eyes were seriously injured:	[]	[]
6. The optometrist has failed or refused to correct my problem:	[]	[]
7. Other-describe briefly: _____	[]	[]

*Pursuant to A.R.S. §41-1010, notwithstanding any other law, a person shall disclose the person's name during the course of reporting an alleged violation of law or rule. During the course of an investigation or enforcement action, the name of the complainant shall be a public record unless the affected agency determines that the release of the complainant's name may result in substantial harm to any person or to the public health or safety.

If you have reason to believe that substantial harm will result in disclosure of your name, please submit a written request for anonymity and provide copies of supporting documentation for the request.

I HEREBY REQUEST THE BOARD TO INVESTIGATE MY COMPLAINT. I WILL TESTIFY UNDER OATH CONCERNING THIS MATTER IF A FORMAL HEARING IS HELD.

Signature: _____ Date: _____



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RECORD RELEASE AUTHORIZATION:

To facilitate the complaint review and/or investigation of _____, and to assist the Board's investigator in obtaining patient records from this licensed individual or entity and to authorize the Board's investigator or designee to discuss my complaint and allegations the licensed individual or entity:

I hereby waive my legal right to have my identity as complainant remain confidential even though such information may not be essential for disciplinary proceedings. I further understand that the board may need to use my patient record/s in public proceedings that may result for this investigation. This authorization is valid for a period of one (1) year.

Patient Name: _____

Signature: _____

Date: _____

Note: If you are not the patient, please explain your relationship to the actual patient. For example, father, mother, or legal guardian of a minor):

