



If specific promises were made or implied which were not fulfilled, please specify: \_\_\_\_\_

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Were you informed by the examining optometrist that optometric treatment might not be successful?

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Amount Paid: Examination \$\_\_\_\_\_ Glasses/Contact Lenses \$\_\_\_\_\_

Were there any witnesses to the optometric services performed or promises of treatment made?  
\_\_\_\_\_ If so, please indicate:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip

If your complaint involves prescribed eyeglasses or contact lenses:

A. In what way(s) are the lenses unsatisfactory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. If the problem is vision:

1. Do you have difficulty seeing distance? (greater than 10 feet) \_\_\_\_\_

2. Do you have difficulty with near vision? (difficulty in reading a newspaper, threading a needle, etc.)  
\_\_\_\_\_

C. Are the eyeglasses uncomfortable? \_\_\_\_\_

1. Does the lens "pull" your eyes or cause eye strain? \_\_\_\_\_

2. Do the frames fit? \_\_\_\_\_

D. Did the optometrist who examined your eyes also furnish the lenses? \_\_\_\_\_

If the answer is no, please provide the following:

1. A copy of the optometrist's prescription.



Working through the Ohio State Board of Optometry, what do you think would be a fair solution to your complaint? \_\_\_\_\_

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**Please Note:**

If the Ohio State Board of Optometry should find grounds for an Administrative Hearing, it will be necessary for you to appear as a witness under subpoena.

Attempt to keep the communication lines open with the optometrist involved in your complaint. At any stage of the complaint investigation should you resolve the problem, please notify the Ohio State Board of Optometry so that appropriate action may be taken.

Information on your complaint will be released to the optometrists against whom you have made the complaint. It will be fully reviewed by a Board member to see if any Ohio Optometry Laws or Administrative Rules have been violated. Once this procedure has taken place, you will be informed, in writing, of the disposition of your complaint.

Please complete those captions that apply to your complaint and sign the enclosed Release of Optometric/Medical Records form and return them together to:

Ohio State Board of Optometry  
77 S. High St., 16th Floor  
Columbus, Ohio 43215-6108

\_\_\_\_\_  
(signature of person making complaint)

You may use separate sheets of paper for any additional comments you may wish to make.