



Nova Scotia College of Optometrists Complaint Form

As the licensing and governing body for Optometrists in the Province of Nova Scotia, the Nova Scotia College of Optometrists (the “College”) takes your complaint seriously. All complaints regarding a disciplinary matter concerning a member of the College will be investigated. Please be advised that the complaint process typically takes months (or longer) depending on the complexity of the complaint. You will be advised in writing of the disposition of the complaint upon the conclusion of the investigation.

To begin an investigation into your complaint, please complete this Complaint Form and the Authorization and Consent to Investigate, ensure both forms are properly executed, and forward the completed forms to the address below or to: info@nsco.ca.

If your complaint involves more than one optometrist, you must file a separate Complaint Form for each optometrist that you are complaining about.

Section 1 – Person Making This Complaint

Name: _____

Birthdate: _____

Address: _____

Postal Code: _____

Telephone No: _____

Email: _____

(If you are filing this complaint on behalf of a patient, please also provide the patient’s name, birthdate, address, telephone number, email address, and a copy of the documentation authorizing the complaint, such as executor of an estate, legal guardian, etc.)

Section 2 – Optometrist Complained Of

Name: _____

Clinic: _____

Address: _____

Postal Code: _____

Telephone No: _____

Email:

Section 3 – Consent for Release of Information

Please complete the attached *Authorization and Consent to Investigate* and submit it with your complaint.

Section 4 – Relationship to Optometrist

What is your relationship with the optometrist complained of?

- Patient
- Other: _____

Section 5 – Other Individuals

Please provide the names of any other individuals and the details of any information they may have pertaining to your complaint.

Section 6 - Complaint

Please provide below a description of your complaint (attach additional pages if necessary).

Section 7 – Signature

Signature of individual making the complaint:

Date: _____

Name: _____

Signature: _____



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Halifax, NS B3J 3R4
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*Nova Scotia College of Optometrists
Authorization and Consent to Investigate*

I, the undersigned, authorize the Nova Scotia College of Optometrists (“the College”) to investigate my complaint and to release the Complaint Form and/or any information referred to or enclosed therein or attached thereto, as well as any previous or subsequent communications, correspondence, enclosures, attachments, documents, materials and/or information to the optometrist complained of. Such release is to be in the College’s sole discretion.

I further authorize the College to obtain (and any other person to release) any and all documents and information, including but not limited to any of my health records, prescription records, billing information and insurance documents, that may be relevant to my complaint.

I also provide my consent for the College, in its sole discretion, to request, receive, photocopy, disclose and disseminate the foregoing information as necessary for the investigation of the above complaint in accordance with the disciplinary process.

Date: _____

Name: _____

Signature: _____

Witness: _____

Signature: _____