

APPENDIX A



215-1080 Portage Ave.
Winnipeg, MB R3G 3M3
Tel: 204.222.8404 * 1.855.346.3715
Fax: 204.222.5296

COMPLAINT RESOLUTION FORM

You may wish to speak with staff at the Opticians of Manitoba before lodging a formal complaint. To initiate a complaint against a member of the Opticians of Manitoba, 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:	Bus:
<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:	Bus:
<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 OPTICIANS OF MANITOBA

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

SECTION D – DETAILS OF THE 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 OPTICIANS OF MANITOBA?

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) _____

Thank you for bringing this to our attention.

Print your name

Signature

Date

Should you require more information about the Complaints Resolution process, please contact the Opticians of Manitoba or visit our website at

<http://www.opticiansofmanitoba.ca>-How to File a Complaint

Phone 204.222.8404 ; 1-855-346-3715

Email: cellerbeck@optm.ca

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