

ARIZONA STATE BOARD OF DISPENSING OPTICIANS

Return form to: 1740 W. Adams Suite 3001

Phoenix, Arizona 85007

Telephone No.: 602-542-8158

Fax No.: 602-9296-8103

E-Mail Address: mdarian@do.az.gov

DATE: _____

COMPLAINT NO(S): _____

(Board Use)

AGAINST: _____

Address: _____

INSTRUCTIONS: *Type or print in ink. Describe in detail the problems experienced. Provide dates of service, copies of billings, correspondence and other documents related to your complaint. Use additional paper if necessary. Return original copy to Board Office.*

Complainant's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone #: _____

If this complaint is filed by you on behalf of a third party, give the name of the third party:
_____ Address: _____

City: _____ State: _____ Zip: _____

Date you last discussed this complaint with person/business involved (by phone or in person?): _____
(circle one)

Name of person with whom you discussed the complaint: _____

After completion of complaint form, sign and return to Board.

I, _____, am the person who prepared this complaint. The information given herein is known to me to be the truth, or is true to the best of my knowledge and belief, without any reservations. Upon being given reasonable advance notice, I am willing to appear at a hearing on this complaint and to give testimony, should it become necessary. The Board may/may not (cross out one) disclose my name to the parties against whom this complaint is filed.

Signed: _____

PRINTED NAME: _____

COMPLETE ALL QUESTIONS ABOVE. *Use the following section to describe the complaint and to give the names, dates or approximate dates of any occurrences or discussions concerning this complaint. Please start from the beginning, ending with the last contact you had with the person(s) involved.*



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RECORDS RELEASE AUTHORIZATION

To facilitate the investigation of _____, and to assist the Board's investigator to obtain my customer/patient records from this optician or establishment and to authorize the investigator and the Board to discuss my concern with this optician or establishment, 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 understand that the Board may need to use my customer/patient records in public legal proceedings that may result from this investigation.

Customer Name: (please print) _____

Signature: _____

Date: _____

*Note: If you are not the customer, please explain your relationship to the customer, (Example - father, mother, or legal guardian of a minor customer)