OHIO OPTICAL DISPENSERS BOARD
77 SOUTH HIGH ST. 16TH FLOOR
COLUMBUS, OHIO 43215-6108
(614) 466-9709 FAX (614) 995-5392
www.optical.ohio.gov
e-mail: odb@odb.ohio.gov

COMPLAINT FORM

All Complaints Are Kept Confidential

Please complete this form and send the completed form to the address listed above. Attach copies of any supporting documentation, if applicable. Once your complaint is filed with the Optical Dispensers Board (Board), your complaint will be reviewed to determine if a possible violation of the Board's laws and rules has occurred. You may receive a letter acknowledging receipt of your complaint. Depending upon the nature of the complaint, the Board investigator may contact you for further information or for a formal interview. Please understand that the disposition may take several months depending on the nature of the complaint. The Board's investigations are confidential by law, and as such, the Board is not able to notify you of the step-by-step progress of the investigation of your complaint.

The Board does not investigate complaints that involve disputes pertaining to insurance benefits/reimbursements, fee disputes or individual office practices.

If you have any questions regarding this form or about the Board's investigative process, please contact us at 614 -644-7251.

PERSONAL INFORMATION

Name of Person Registering Complaint_____
Please Print or Type First Middle Last

Mailing Address_____
Number & Street City State Zip

Home Phone (_____)_____ Alternate Phone (_____)_____

Work Phone (_____)_____ E-mail _____

May we contact you at work? ☐ Yes ☐ No

SUBJECT OF COMPLAINT

Name of Optician/Ocularist_____
Please Print or Type

Business Name_____

Business Address_____
Number & Street City State Zip

Business Phone (_____) _____ Date(s) of Service(s) _____

Does this complaint involve the illegal dispensing of contact lenses? ☐ Yes ☐ No

NATURE OF COMPLAINT (Additional sheets may be added, if needed)