



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

Ohio Revised Code Section 4725.54(A) requires the Optical Dispensers Board to investigate evidence that appears to show that any person has violated any provision of the law or rules regulating the practice of Opticianry. Any person may report to the Board information that appears to show a violation of any provision of Chapter 4725 of the Ohio Revised Code or any rule of the Board. Further, information received by the Board in the course of its investigation is confidential.

HOW TO FILE A COMPLAINT

Complaint forms can be obtained on the Board's website at www.optical.ohio.gov. If you do not have Internet access, you may contact the Board's Office at (614) 466-9709 and request that a complaint form be mailed to you. Once you have completed the complaint form, you can mail your complaint form to the Ohio Optical Dispensers Board, 77 South High St., Columbus, Ohio 43215. The Board also accepts completed complaint forms via facsimile(fax) at (614) 995-5392. The Board will send you a letter acknowledging receipt of your complaint.

CONFIDENTIALITY

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 COMPLAINT PROCESS

To maintain confidentiality and to ensure that every complaint brought to the Board's attention is reviewed, each complaint is assigned a case number. Your complaint is then reviewed by the Investigator and the Executive Director to determine whether the Board has the legal authority/jurisdiction to act on the complaint. The Board only has the legal authority to investigate cases that indicate that there has been a violation of the law or rules governing the practice of Opticianry.

Although all complaints are evaluated, many complaints do not result in formal disciplinary action being imposed by the Board. After the initial review of the case, if it is determined that the Board does not have jurisdiction, the complaint (case) will be closed.

If the Board does have jurisdiction, then the determination will be made as to whether further investigation is needed prior to review by the Board's Investigation Committee. If no investigation is required, the complaint will be presented to the Investigation Committee for Disciplinary Matters for a disciplinary recommendation.

The Board, in the course of an investigation, may obtain records or seek information through interviews with you and/or other individuals relevant to the complaint.

If you choose to keep your name confidential, the Board will honor your request. However, please note that if you withhold your name from the complaint form, it may make it difficult or impossible to conduct a thorough investigation. All information related to Board investigations is required by law to remain confidential.



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ALL COMPLAINTS ARE KEPT CONFIDENTIAL

DATE: _____

Name of Person Filing Complaint (Please Print or Type)

Name: _____

Address: _____ City: _____ Zip _____

Phone No. (____) _____

Licensee Information

Complaint Against: (Name of Licensed
Optician/Ocularist) _____

Optician's/Ocularists Place of
Business: _____

Business
Address: _____

City: _____ State: _____ Zip _____ Phone No. (____) _____

Date(s) services
performed: _____

Nature of
Complaint: _____

See Reverse Side for Additional Comments

*THIS FORM MAY BE DUPLICATED OR REPRODUCED

Dose your complaint involve your prescription for eyeglasses/contact lenses/other:

Yes ___ No ___ Please Describe: _____

Was the prescription filled incorrectly? _____

Have you attempted to have the Optician/Ocularists correct the problem? _____

What would you like the Optical Dispensers Board to do? _____

ILLEGAL DISPENSING

Does your complaint involve the Dispensing/Selling of contact lenses by an unlicensed person?

Yes ___ No ___ If yes, please complete the following:

Did you observe the contacts on display? Yes _____ No _____ Date _____

Did you observe advertisement for the selling of the contact lenses? _____ Date _____

Did you purchase the contact lenses? Yes _____ No _____

Name of Business: _____

Address: _____

City: _____ State: _____ Zip _____ Phone No.(____) _____

RETURN THIS FORM TO:

Ohio Optical Dispensers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108