



TEXAS OPTOMETRY BOARD

COMPLAINT FORM

Please complete the complaint form. All complaints shall contain information necessary for the proper processing of the complaint by the board. Pursuant to Section 351.2046 of the Texas Optometry Act, the agency cannot accept anonymous complaints. Completed complaint forms along with the release shall be submitted via email to dennis.riggins@tob.texas.gov or via mail to the board's address.

COMPLAINANT INFORMATION.			
NAME	PHONE NUMBER (BEST CONTACT NUMBER)		
DATE OF SERVICE/TREATMENT PERIOD	TYPE OF SERVICE(CIRCLE):	IN-PERSON	TELEHEALTH
ADDRESS	EMAIL		
CITY	STATE	ZIP CODE	
RELATIONSHIP TO PATIENT(CIRCLE):			
SELF	PARENT/GUARDIAN	OTHER If, other: _____	

OPTOMETRIST INFORMATION.		
NAME OF OPTOMETRIST	BUSINESS PHONE	
NAME OF BUSINESS		
ADDRESS	LICENSE NUMBER (IF KNOWN)	
CITY	STATE	ZIP CODE

PATIENT INFORMATION (If different from the person filing the complaint.).		
NAME	PHONE NUMBER (BEST CONTACT NUMBER)	
DATE OF SERVICE/TREATMENT PERIOD		
ADDRESS	EMAIL	
CITY	STATE	ZIP CODE
TYPE OF VISIT (Circle):		
IN-PERSON	TELEHEALTH	

COMPLAINTS RELATED TO THE TREATMENT OF GLAUCOMA. (Note, if you have been diagnosed with glaucoma and/or complaint is related to the treatment of glaucoma, please provide specific details as it relates to your complaint.)

Have you been diagnosed with glaucoma? YES NO

Does your complaint involve concerns about treatment rendered related to glaucoma? YES NO

NAME OF OTHER HEALTH PROVIDERS CONSULTED.

NAME

ADDRESS

CITY

STATE

ZIP CODE

DETAILS OF COMPLAINT

Please provide a complete and concise description of the incident-giving rise to the complaint. Please include dates, time and location of occurrence, as well as any other supporting documentation that may be necessary. You may attach additional sheets if more space is needed. (Please print or type.)

THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I MUST FILL OUT THE RELEASE OF PATIENT RECORDS FORM IN ORDER FOR THE BOARD TO INVESTIGATE THE COMPLAINT.

SIGNATURE OF COMPLAINANT

DATE

TEXAS OPTOMETRY BOARD COMPLAINT PROCESS

WHO MAY FILE A COMPLAINT?

Anyone may file a complaint with the Texas Optometry Board.

HOW DO I FILE A COMPLAINT?

Complaints shall be made in writing on the official board complaint form.

WHAT HAPPENS AFTER I FILE A COMPLAINT?

The agency must determine whether the Board has authority (jurisdiction) to act on the complaint. The Board Investigator may contact you for additional information or to request a written statement.

If, the complaint is jurisdictional and there is a possible violation of the Texas Optometry Act, an official investigation will be opened.

HOW IS MY COMPLAINT CLASSIFIED?

All jurisdictional complaints shall be classified in one of the following categories: complaints of high-priority or complaints of normal priority.

Complaints of high-priority include but are not limited to complaints alleging: violations of the professional standard of care, professional misconduct, qualifications of applicants/licensees, unauthorized practice, and other acts or the failure to act that potentially threatens the public health.

Complaints of normal-priority include but are not limited to, complaints alleging: advertising violations, violations of the Act or Board Rules resulting in economic harm and potential violations of the Act regarding notice that do not threaten the public health.

DO I HAVE ACCESS TO INFORMATION OBTAINED DURING THE INVESTIGATION OF MY COMPLAINT?

No. All investigations are privileged and confidential by statute. Investigative materials become a permanent part of the Board's investigative files.

WHAT ACTION CAN THE BOARD TAKE?

If a complaint lacks sufficient evidence of a violation of the Texas Optometry Act, then we will close the investigation. You will receive official notification regarding the closure of the complaint.

If the investigation establishes that a practitioner violated the Texas Optometry Act, the Board may order corrective procedures or disciplinary action ranging from a warning to the most severe measure, revocation of license.