

Please complete all sections of this form as fully as possible.
You may complete it on-screen, save it to your computer, and send it to us as an email attachment.
Alternatively, print the form and complete in ink, then post it to us.

I am the Consumer acting on behalf of the Consumer

Consumer

Title

Full Name

Date of Birth

Full Address

Post Code

Representative of the Consumer

Complete only if you are making a complaint **on behalf of** the person named above

Title

Full Name

Full Address

Post Code

Your relationship to the consumer

Your Contact Details

Email address

Phone Number(s)

Details of Complaint

Name of Practitioner (if applicable)

Organisation

Address

Post Code

Describe your complaint

Have you already complained in writing to the practitioner?

 yes no

It is important to put your complaint to the Opticians in writing. This will activate their formal complaints procedure which is likely to achieve a resolution

When did you make your complaint?

What response did you get?

How would you like your complaint resolved?

Declaration

Please read the terms below and click 'I agree'. We will not be able to assist you if you do not agree to all of the statements.

- To the best of my knowledge everything I have reported to you is correct
- OCCS has my permission to contact the optical practitioner or practice involved
- I understand that OCCS will share in strict confidence information provided by me with others who are directly involved in the investigation of my complaint, including the General Optical Council
- I will treat any information provided to me by OCCS as confidential and will not pass this on to anyone else
- I will cooperate fully with OCCS during their involvement with my complaint

 I agree

How did you hear about OCCS?

Equality and Diversity Questionnaire

OCCS is committed to delivering and promoting fairness, dignity, respect and quality in the services it provides and the way it works. The information you give on this form will help us to comply with our policy of ensuring equality in our services to you.

To assist us in improving our service, we would be grateful if you could complete the following information. The answers you provide will be used for statistical analysis only.

The Equality Act 2010 defines disability as a 'physical or mental impairment that has a substantial and long term effect on a person's ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? yes no

Please describe your ethnic origin asian black mixed
 white other

Which gender are you? female male

Do you have a different gender identity to that given to you at the time of your birth? yes no

Sexual orientation - are you? bisexual gay
 heterosexual other

Your marital status

Your religious belief

if 'other' selected, please state

Please now send this form to OCCS

Email delivery: enquiries@opticalcomplaints.co.uk

Postal delivery: OCCS, 6 Market Square, Bishop's Stortford, Herts CM23 3UZ