

STATE OF MAINE
BOARD OF OPTOMETRY

113 STATE HOUSE STATION, AUGUSTA, ME 04333
TEL: (207) 624-8691 FAX: (207) 624-8692

Date Rec'd _____

Complaint# _____

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

INFORMATION REGARDING OPTOMETRIST REFERRED TO IN THIS COMPLAINT:

Name of Optometrist: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____

PLEASE STATE THE FACTS OF YOUR COMPLAINT:

Empty box for stating the facts of the complaint.

(Continue on back of page if necessary)

Signature: _____ Date: _____