



**Saskatchewan
Association of
Optometrists**

102 – 202 Wellman Crescent
Saskatoon, Saskatchewan S7T 0J1
Ph: 306.652.2069 | Toll-free (SK): 1.877.660.3937 | Fax: 306.652.2642 www.optometrists.sk.ca | ed@saosk.ca

Patient/Complainant Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Daytime Telephone: (_____) _____

Email: _____

Optometrist's Name: _____

Clinic Name and Address: _____

City: _____ Telephone: (_____) _____

Nature of Complaint: (including dates if known and pertinent details)

Attach additional information if warranted

I provide the Saskatchewan Association of Optometrists authority to investigate this complaint and to view my eye health records if required.

Patients Signature: _____

Please complete this page and fax or email to the SAO office at 306.652.2642 or email ed@saosk.ca.

If you have any questions call 1.877.660.3937 or 306.652.2069

For Office Use Only: Date Received: _____ Mediator Assigned : _____
