

INQUIRY REQUEST FORM

If you wish, you can use this form to submit a request for an inquiry regarding services rendered by a member of the Ordre des optométristes du Québec.

Fill out the form on screen or print it out and fill it out by hand. Then send it to the above address. Please do not hesitate to contact us if you have any questions. You must then send it to the following address:

*Bureau de la syndique et des enquêtes
1265 Berri Street, Suite 505, Montreal, Quebec H2L 4X4
Fax: (514) 499-1051, Email: syndic@ooq.org*

Plaintiff ("Complainant")	
<i>Surname:</i>	<i>First name:</i>
<i>Date of birth:</i>	<i>Sex:</i> <input type="radio"/> M <input type="radio"/> F <i>Gender identity (enter if different sex):</i>
<i>Telephone (day):</i>	<i>Telephone (other):</i>
<i>Address :</i>	
<i>Email*:</i>	* Note that by entering your email address, you allow us to send you any correspondence from the Bureau de la syndique to this email address.
Patient (if different from applicant)	
<i>Surname:</i>	<i>First name:</i>
<i>Date of birth:</i>	<i>Gender:</i> <input type="radio"/> M <input type="radio"/> F <i>Gender identity (enter if different sex):</i>
<i>Telephone (day):</i>	<i>Telephone (other):</i>
<i>Relationship to the complainant:</i>	
Optometrist concerned by the inquiry	
<i>Surname:</i>	<i>First name:</i>
<i>Practice Address:</i>	
<i>Telephone:</i>	
Other optometrist or professional consulted in relation to this request	
<i>Surname:</i>	<i>First name:</i>
<i>Practice Address:</i>	
<i>Telephone:</i>	

Event History

(may include: description of the situation, reason(s) why you consulted this optometrist, where these consultations or events occurred, dates of events, description of the actions taken to try to resolve the problem with this optometrist, etc.)

Your expectations: what do you hope to achieve through the intervention of the Bureau de la syndique's office?

Date of application:

Attach additional sheets as needed.

Notice : The information requested on this form is for the purpose of enabling the Office of the Syndic and Investigations of the Ordre des optométristes du Québec to conduct an investigation and conduct other interventions within its jurisdiction, in accordance with the Professional Code (R.S.Q., c. C-26). The staff of the Order's Office of the Syndic and Investigations as well as other authorized stakeholders under the Professional Code may access this information for the sole purpose of carrying out their duties. It is not mandatory to complete this form to request an investigation with the Order's Office of the Syndic and Investigations. The rights of access and rectification with respect to the information collected using this form include those provided for in the Professional Code and in the Act respecting Access to documents held by public bodies and the Protection of personal information (R.S.Q., c. A-2.1).