



**WEST VIRGINIA BOARD OF OPTOMETRY**

179 Summers Street, Suite 231  
Charleston, WV 25301-2733  
304-558-5901 fax: 304-558-5908  
[www.wvbo.org](http://www.wvbo.org)

**COMPLAINT FORM (WV Code 14-4-5)**

1. Complaint is filed *against*:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Date* of Care \_\_\_\_\_

2. Person *filing* complaint (complainant):

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Complainant's *relationship* with the person against whom complaint is being filed: \_\_\_\_\_

4. *Summary* of complaint (in your own words, who what, when, where, why and how):

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

(Attach additional sheets, if needed, and enclose any supporting documents.)

**WEST VIRGINIA BOARD OF OPTOMETRY**  
**COMPLAINT FORM**, page two

5. **Other persons** with knowledge of incident(s) giving rise to this complaint. (Include **any practitioner or institution** giving follow-up care.)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

6. State in your own words how this incident(s) relates to the **West Virginia Board Of Optometry Jurisdiction**.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you advised any **other regulatory or legal authority** of this complaint, i.e.: the Attorney General's office?

\_\_\_\_\_  
\_\_\_\_\_

8. **What action**, if any, are you seeking from the Board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Complainant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

(Notarization of Signature is optional.)

