

For office use only

GOC ref:



## General Optical Council Referral Form

This form is for you to use to make a complaint to the General Optical Council (the GOC) about someone who is registered with us. You can check whether or not someone is registered with us at [www.optical.org](http://www.optical.org) or by calling 020 7580 3898.

Before filling in this form you should read our booklet '**How to complain about an optician**'. You should also be aware that if your complaint is about the cost of a service or the cost of any glasses or contact lenses, you should contact the Optical Consumer Complaints Service on 0844 800 5071.

Please complete this form in blue or black ink, in CAPITALS, giving us as much detail as you can and send it to: Fitness to Practise, General Optical Council, 10 Old Bailey, London EC4M 7NG. If you would like more information about how we deal with complaints, please visit [www.optical.org](http://www.optical.org) or contact us on 020 7580 3898. You can also complete the form electronically and submit it to [ftp@optical.org](mailto:ftp@optical.org).

### **The GOC's use of your personal data**

The General Optical Council is registered as a data controller with the Information Commissioner's Office, Registration Number Z5718812. Our Data Protection Officer is our Head of Governance, contactable via [foi@optical.org](mailto:foi@optical.org)

The General Optical Council has a statutory duty to investigate and act where registrants' fitness to practise, train or carry on business is impaired. If you raise a concern about a GOC registrant with us, we will use the information you provide to investigate those concerns. We are recording and processing this information as a public task.

During an investigation we may disclose details of the investigation to other organisations or individuals where it is necessary for us to carry out our statutory functions.

For more information regarding how we process your data please see our privacy statement at: [https://www.optical.org/en/about\\_us/data-and-information/privacy-statement.cfm](https://www.optical.org/en/about_us/data-and-information/privacy-statement.cfm)

Any information provided in relation to your complaint will be managed and retained in compliance with our retention schedule (available upon request)

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**Your full name** (including title)

**Your address** (including postcode)

**Your phone number**

**Your mobile number** (if you prefer to be contacted on that number)

**Your email address** (if you check your email account regularly)

**Name of optometrist or dispensing optician** (if you know it) **who you are complaining about**

**Optometrist's or dispensing optician's work address** (including postcode)

**Please tell us the name(s) and address of each optical practice, GP practice or hospital that holds records which may be relevant to the matter you are complaining about**

Organisation where records are held:	Address (if known):
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

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**Do you have any documents (for example prescriptions or letters) that might relate to your complaint? If so, please list them in the box below and send us copies of them.**

**Did anyone else see or hear the things that you are complaining about? If so, please write their names in the box below and explain how they were involved.**

**Have you complained about this to any other organisation? If you have, please tell us which organisation you have complained to, their contact details and give brief details of what has happened to that complaint. Please also send us copies of any letters between you and that organisation.**

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**Please describe your complaint as fully as possible. Explain exactly what happened, where it happened, and the dates when it happened. If you are complaining about more than one registrant, please explain how each person was involved. Please continue on a separate sheet if you need to.**

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## Consent Form

**Patient's Name:** \_\_\_\_\_ **Patient's date of birth:** \_\_\_\_\_

**Patient's address:** \_\_\_\_\_

I give my permission for the General Optical Council (GOC) to obtain the patient's records and any other documents the GOC considers relevant to an investigation of this complaint.

I agree that the GOC can disclose this complaint to the registrant(s) involved, their representatives, and their employer/contract provider.

I also agree that the GOC can share this complaint and any information I provide in connection with it with the Optical Consumer Complaints Service (a service funded by the GOC) should the GOC consider this appropriate.

I give my permission for all patient records and other information obtained by the GOC to be provided to the registrant, their representatives and, if required, to the Professional Standards Authority (the body that oversees the work of the GOC).

I agree that the registrant(s) can disclose to the GOC any information that is necessary for the GOC to consider my complaint.

I confirm that I have the legal authority to give this permission (**if you are not the patient, or the patient's parent/guardian, please provide a copy of any document giving you legal authority to sign on behalf of the patient, for example a Grant of Probate or a Lasting Power of Attorney**).

I declare that all the information that I have given in this form is, to the best of my knowledge, complete and accurate.

**Name:** \_\_\_\_\_

**Your relationship to the patient (if you are not the patient):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_