



South Carolina
Department of Labor, Licensing and Regulation



Synergy Business Park
110 Centerview Drive
P.O. Box 11329
Columbia, South Carolina
29211-1329

Telephone: (803) 896-4470
Fax: (803) 896-4656

Office of Investigations and Enforcement
Board of Examiners in Optometry

Complaint Form

Please type or print legibly.

Complainant Information (Individual filing complaint)

Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Fax: (____) _____

Evening Phone: (____) _____

What is the best way to reach you? Daytime Phone Evening Phone E-mail: _____

Respondent Information (Individual the complaint is filed against)

Board or Profession: _____

Name: _____
(Last) (First) (Middle Initial)

Business Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____

Please list all witnesses, providing names, addresses, and telephone numbers.

