

HELP US FIGHT UNLICENSED ACTIVITY IN THE STATE OF FLORIDA!

You can file a complaint anonymously through POF.

The amount of illegal and unlicensed activities in the prescription eyecare industry in Florida is reaching epidemic proportions. We must act now to stop these activities to protect the public and our professional standards. For these efforts to be successful, we need your help! Are you aware of any of the following illegal practices?

- Selling contact lenses or spectacles without a prescription
- No opticians working a location that is dispensing to the public
- Opticians not on duty while there is dispensing of Rx's to the public
- Lack of Optical Establishment Permit

Please let us know! Take a few moments to report any of the above or other illegal activities you are aware of on the form below. We will file a complaint with the information you have provided, without using your name. We will protect your anonymity unless you agree otherwise. We will need your name in case we need further information, but, again, your name will not be released. To aid the investigation, please provide as many details as you can find out about the location and the activities.

Mail this form to: POF/HALT-ULA 1947 Greenwood Drive, Tallahassee, FL 32303

Or fax it to us, **850/201-2947**, or e-mail us the details at info@pof.org

List the Illegal/Unlicensed Activities (use additional paper if needed): _____

Do you know how long or how often this has been happening? _____

Are there certain times when the Illegal/Unlicensed Activities occur? _____

If licensed professionals are involved, please provide their names and license # _____

Name of the location _____

Location owner's name _____ License # (if it applies) _____

Street address _____ City _____ State FL Zip _____

Location's days/hours of operation _____

Phone _____ / _____

Please provide any other details or proof that you can think of that would assist the investigation (e.g., receipts, ads, reports, witnesses—with their contact info when possible) _____

Your Name: _____ Daytime Phone Number: _____ / _____

My name and contact information can be provided to the Dept. of Health as part of this complaint. Yes No
I would be willing to talk directly to the Dept. of Health's investigators if needed. Yes No Maybe

Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Signature

Date

Thank you for taking the time to stop illegal/unlicensed activities.