

# Oregon Health Licensing Agency



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## Sex Offender Treatment Board

### COMPLAINT FORM

#### Complaint Against

Name of Business

Name of Individual

License Number (if known)

Street Address

City

State

Zip Code

( )

Additional Location Information (if any)

Area code / number

Date of Incident

**Type of Complaint:** (Please indicate type)

- Competency of services performed\*
- Standards of practice violation
- Practicing / advertising without a license (Attach business card and/or advertisement.)

Nature / Description of Complaint:

(If additional space is necessary, attach additional sheets of paper or continue on back of form.)

#### Person Filing Complaint

Name (type or print)

Date

Street Address

City

State

Zip Code

( )

Signature

Area code / number

**CONFIDENTIAL - Check ONLY if complaint is other than services performed by a licensee. (See below\*)**

\* If this complaint deals with services performed, the **Oregon Health Licensing Agency** will take the following steps:

- (1) The Oregon Health Licensing Agency sends a copy of your complaint, including your name, to the individual(s) against whom the complaint is filed to allow for opportunity to respond to the allegations in writing.
- (2) Complaints, other than "service complaints," are considered confidential during the investigative process.
- (3) Final civil action resulting from an investigation will be kept on file at the Oregon Health Licensing Agency and available to the public on request.

**The Oregon Health Licensing Agency has authority to investigate and take action when violation(s) of Oregon Revised Statutes or Oregon Administrative Rules is / are proven.**