

FORM
COMPLAINT

**COMPLAINT
FORM**

OREGON STATE BOARD OF TAX PRACTITIONERS
3218 Pringle Rd SE, Ste #120, Salem, OR 97302

Phone: (503) 378-4034 Fax: (503) 585-5797 E-Mail: tax.bd@state.or.us Web Site: www.oregon.gov/OBTP

1 FIRM OR INDIVIDUAL COMPLAINT IS AGAINST PLEASE PRINT OR TYPE

"NAME" Last:	First:	Middle:
Firm Name:		
Mailing Address:		
City:	State:	Zip Code: County:
Residence Phone:		Business Phone:
Fax:	*E-Mail:	

2 INDIVIDUAL FILING COMPLAINT PLEASE PRINT OR TYPE

"NAME" Last:	First:	Middle:
Mailing Address:		
City:	State:	Zip Code: County:
Residence Phone:		Business Phone:
Fax:	*E-Mail:	

3 INSTRUCTIONS
 Explain your complaint in detail attaching an addition sheet(s) of paper if necessary. Include any supporting information, such as COPIES of the following: tax returns, receipts, cancelled checks, contracts, letters, advertisements, or other documents that may support your complaint.

PLEASE SEND COPIES ONLY ~ KEEP ALL ORIGINAL DOCUMENTS FOR YOUR RECORDS

4 TYPE OF COMPLAINT

Unlicensed Activity Competency/Service Return of Records Advertising

1. Tax year(s) involved _____ / _____ / _____ / _____ / _____
2. Other government agencies contacted (if any) _____
3. Please explain circumstances surrounding your complaint. (use more pages if necessary)
