

**Oregon Health Licensing Agency**



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**Advisory Council for Electrologists, Permanent Color Technicians and Tattoo Artists**

**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 more 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

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

\* If this complaint deals with services performed, the following steps will be taken by the **Health Licensing Agency**

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

**The Health Licensing Agency has no authority to require licensees to refund money to their clients. The Health Licensing Agency has authority to investigate and take action when violation of Oregon Revised Statutes or Oregon Administrative Rules is proven.**