



800 NE Oregon St Ste 407
Portland OR 97232

(971) 673-0220
(971) 673-0226 fax

Consumer Complaint Form

Please complete this form and return by mail or fax. Please type or write legibly.

I wish to file a complaint against the **practitioner below** with the understanding that the Board will conduct an investigation.

Practitioner Information

The licensed professional you are complaining about

Name: _____

Phone: _____

Office

Home

Street: _____

City: _____ State: _____ Zip: _____

Position: _____

Complainant Information

The person returning this form. This information is confidential.

Name: _____

Email: _____

Phone: _____

Office

Home/Cell

Street: _____

City: _____ State: _____ Zip: _____

Details

Please give a description of the events in the order in which they happened and include specific dates. Enclose copies of any pertinent information or correspondence that may be helpful, attaching additional pages as necessary. Keep a copy for yourself.

Have you attempted to resolve your complaint directly with the practitioner? Yes No

If yes, what was the response from the practitioner?

Please Sign and Date below

Date

Signature of Complainant

Board Use Only

Received: _____ By: _____