Oregon Occupational Therapist Licensing Board
800 NE Oregon Street, Suite 407
Portland, OR 97232
Phone: 971-673-0198

COMPLAINT FORM

Complainant Information
Name:
Mailing Address:
Phone:
Email:
DOB:
If this complaint involves someone other than yourself, please provide the name and relationship:
Licensee Information
Name of OT / OTA:
Name of Facility:
Mailing address:
Phone:
Email (if known):
Details of the Complaint
Please provide specific information concerning your complaint, including the date(s) and place(s) where the incident(s) occurred and the names of any witnesses. Use additional sheet if necessary.

Have you filed this concern with any other agency or organization? If yes, please identify the agency or organization:
List supporting documents filed with this complaint:
Affidavit & Signature
I declare and affirm under penalty of perjury that the matters set forth in this complaint are true and correct to the best of my knowledge, information and belief.
Signature:
Date:

Return completed form and supporting documentation to:

Oregon OT Licensing Board
800 NE Oregon St., Suite 407
Portland, OR 97232

PH: (971) 673-0198 / FAX: (971) 673-0226
Nancy.Schuberg@state.or.us

Please retain a copy for your records.