



# Complaint Report

Department of Consumer and Business Services  
**Building Codes Division** • 1535 Edgewater NW, Salem, OR  
Mailing address: P.O. Box 14470, Salem, OR 97309-0404  
503-378-4133 • Fax: 503-378-2322  
bcd.oregon.gov

This report is to be used to provide information about possible violations of Oregon's building laws or rules and occupational licensing laws. Please attach additional pages if you require more space than this form provides.

Type of violator (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Business			Type of codes violated (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential		
ALLEGED VIOLATOR					
Last name:		First name:		Middle initial:	Driver license no.:
Business name:		Trade license no.:		<input type="checkbox"/> Unlicensed	
Address (Street or P.O. Box):			Vehicle license no.:		Issuing state:
City:	State:	ZIP:	Home phone number: -   -		Work phone number: -   -
DESCRIPTION OF ALLEGED VIOLATION					
Did you witness the alleged violator perform the installation? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "No," how do you know the alleged violation occurred?					
<b>Violation date</b> Month/Day/Year	<b>Time</b> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<b>Violation location</b> Address		City	County
Description of structure or specific area where the alleged violation occurred:					
Purpose of installation:					
TYPE OF ALLEGED VIOLATION					
Code	Business			Individual	
Electrical	<input type="checkbox"/> No permit. ORS 479.550(1) <input type="checkbox"/> No license for work. ORS 479.620(1) <input type="checkbox"/> Allowed work by unlicensed person(s). OAR 918-282-0120(1) <input type="checkbox"/> Failed to make correction(s). OAR 918-271-0030(1)			<input type="checkbox"/> No permit. ORS 479.550(1) <input type="checkbox"/> No license for work. ORS 479.620(2)(3) or (5) <input type="checkbox"/> Supervised work without supervisory license. ORS 479.620(2) <input type="checkbox"/> Permitted work by unlicensed person(s). ORS 479.620(6) <input type="checkbox"/> Failed to make correction(s). OAR 918-271-0030(1)	
Plumbing	<input type="checkbox"/> No permit. OAR 918-780-0065 (Commercial) <input type="checkbox"/> No license for work. ORS 447.040 <input type="checkbox"/> Permitted work by unlicensed person(s). ORS 693.030(2) <input type="checkbox"/> Failed to make correction(s). OAR 918-780-0090(5)			<input type="checkbox"/> No permit. OAR 918-780-0065 (Commercial) <input type="checkbox"/> No license for work. ORS 693.030(1) <input type="checkbox"/> Permitted work by unlicensed person(s). ORS 693.030(2) <input type="checkbox"/> Failed to make correction(s). OAR 918-780-0090(5)	
Residential	<input type="checkbox"/> No permit. R105.1 – Oregon Residential Specialty Code <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing			<input type="checkbox"/> No permit. R105.1 – Oregon Residential Specialty Code <input type="checkbox"/> Building <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing	
Other	Enter authority by statute or rule number and description of violation. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____				

**WITNESS**

Last name:	First name:	Middle initial:	Phone number: - -
Address (Street or P.O. box):			Fax number: - -
City:		State:	ZIP:

**DETAILED REPORT OF VIOLATION**

It is essential that this report be as complete as possible in order for the Building Codes Division to proceed with an investigation. Whenever possible, the report should include a detailed description of the installation, complete names of individuals who made the installation, copies of any documentation (statements, invoices, canceled checks, contracts, etc.) showing the alleged violator or the installation, and any other information you may have to assist the Building Codes Division in the investigation. Attach additional pages if necessary.

**COMPLAINT INFORMATION**

Last name: (Please print)	First name:	Middle initial:	Phone number: - -
Title (if an inspector):	Jurisdiction (if an inspector):	Fax number: - -	
Address (Street or P.O. box):			
City:		State:	ZIP: -
Signature (form must be signed before complaint will be investigated):		Date signed:	

**For more information about compliance investigations, please call the Building Codes Division, 503-378-4133.**