

# Business Enterprise Program Vending Facility Manager (VFM) Complaint Form

When filing a complaint, a VFM must complete this form in detail and submit it to the Business Enterprise Program Director.

**VFM Name:**

**Today's Date (mm/dd/yy):**

## **Preface**

Pursuant to OAR 585-015-0035 and 34 CFR § 395.13, any vending facility manager (VFM) who is dissatisfied with any Business Enterprise Program action arising from the operation or administration of the vending facility program may file a complaint with the Director.

This form must be utilized.

Do you wish an optional and informal Administrative Review prior to the referral of this matter to the Office of Administrative Hearings (OAH)? Y/N .

If you want an Administrative Review, the Director will contact you to discuss dates and times for the review.

If you want this matter to be referred to the OAH, the agency will prepare the appropriate referral and refer the complaint to the OAH. At that point, the OAH will issue all notices and the matter will be subject to the Administrative Procedures Act. The Administrative Law Judge has authority to review and issue a proposed order regarding any vending facility manager complaint. The use of the OAH for the purpose of full and fair evidentiary hearings has been approved by the Rehabilitative Services Administration.

## **Complaint Details**

This form provides for up to five (5) separate issues. If you need to submit additional issues, please use another form, indicating it is the second form, and submit all forms at the same time.

### **Issue #1**

What is the date the action occurred with which you are dissatisfied?

Please summarize the action with which you are dissatisfied.

Please provide additional details, including dates, times, persons involved, and how you are personally damaged by the action summarized above.

If you have documents to support your complaint about this action, please attach the document(s) and mark it or them "Issue #1". If the document is more than one page, please highlight any pertinent information.

Please describe any remedy you request.

If you are represented by an attorney, please supply the name. If a member of the BECC will be your advocate, please supply the name.

**Issue #2**

What is the date the action occurred with which you are dissatisfied?

Please summarize the action with which you are dissatisfied.

Please provide additional details, including dates, times, persons involved, and how you are personally damaged by the action summarized above.

If you have documents to support your complaint about this action, please attach the document(s) and mark it or them "Issue #2". If the document is more than one page, please highlight any pertinent information.

Please describe any remedy you request.

If you are represented by an attorney, please supply the name. If a member of the BECC will be your advocate, please supply the name.

**Issue #3**

What is the date the action occurred with which you are dissatisfied?

Please summarize the action with which you are dissatisfied.

Please provide additional details, including dates, times, persons involved, and how you are personally damaged by the action summarized above.

If you have documents to support your complaint about this action, please attach the document(s) and mark it or them "Issue #3". If the document is more than one page, please highlight any pertinent information.

Please describe any remedy you request.

If you are represented by an attorney, please supply the name. If a member of the BECC will be your advocate, please supply the name.

**Issue #4**

What is the date the action occurred with which you are dissatisfied?

Please summarize the action with which you are dissatisfied.

Please provide additional details, including dates, times, persons involved, and how you are personally damaged by the action summarized above.

If you have documents to support your complaint about this action, please attach the document(s) and mark it or them "Issue #4". If the document is more than one page, please highlight any pertinent information.

Please describe any remedy you request.

If you are represented by an attorney, please supply the name. If a member of the BECC will be your advocate, please supply the name.

**Issue #5**

What is the date the action occurred with which you are dissatisfied?

Please summarize the action with which you are dissatisfied.

Please provide additional details, including dates, times, persons involved, and how you are personally damaged by the action summarized above.

If you have documents to support your complaint about this action, please attach the document(s) and mark it or them "Issue #5". If the document is more than one page, please highlight any pertinent information.

Please describe any remedy you request.

If you are represented by an attorney, please supply the name. If a member of the BECC will be your advocate, please supply the name.

*For agency use only*

Date received:

Number assigned: