Oregon Department of Public Safety Standards and Training
Professional Standards Complaint Form

The mission of DPSST is to promote excellence in public safety by delivering quality training and developing and upholding professional standards for Oregon's police, fire, corrections, parole and probation, regulatory specialists (OLCC), telecommunications, and emergency medical dispatch personnel, as well as private security providers, private investigators and polygraph examiners.

Who is your complaint against?

- ☐ Police Officer
- ☐ Corrections Officer
- ☐ Parole and Probation Officer
- ☐ Telecommunicator
- ☐ Emergency Medical Dispatcher
- ☐ Fire Service Professional
- ☐ Private Security Provider
- ☐ Private Investigator
- ☐ Regulatory Specialist (OLCC)
- ☐ Polygraph Examiner
- ☐ Instructor (Criminal Justice)
- ☐ _____

Name of the individual/agency/business: _____

Employing agency/business, if applicable: _____

Please describe what happened in detail. Include as much information and documentation as possible:
(Attach additional pages if needed)

List any steps taken to date to resolve this complaint. (Contacted individual, contacted Dept. of Justice, etc.)

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I certify that the information provided on or with this form is true and correct to the best of my knowledge. I understand that upon receipt of this complaint, the individual/agency/business being complained against and the employing agency/business may be notified of the complaint and my identity.

Signature: _____ Date: _____

Your Name: _____ Title: (Mr., Mrs., Ms., etc.) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Day Time Phone: _____ Email Address: _____

Best way to contact you: ☐ By mail ☐ By phone ☐ By email

☐ **I am requesting my name, home address, personal telephone number and email address remain confidential pursuant to ORS 192.502(4).***

* If you request confidentiality, the Department will not disclose your personal identifying information to members of the public to the extent permitted under Oregon Public Law (ORS 192.410 to ORS 192.505). **PLEASE NOTE: Release of your identity to the individual/agency/business being complained against and the employing agency/business will most likely be necessary for investigative purposes.**

IMPORTANT INFORMATION:

DPSST's jurisdiction is limited to the standards required for certification or licensure. These standards can be found in Oregon Administrative Rule Chapter 259. If you have questions about this form, your complaint or the jurisdiction of DPSST, please contact DPSST (503) 378-2100 or by email at DPSST.Complaints@state.or.us. (**NOTE**: Due to limited staffing you may be directed to leave a voicemail or submit your questions in writing to facilitate a response.)

You will receive verification of DPSST's receipt of your complaint by return mail. The individual subject to this complaint, and in some cases their employer, will be notified of the nature of the complaint and may be provided with copies of this complaint and any enclosures.

All information provided on this form is subject to Oregon's Public Records Law (ORS 192.410 to 192.505). DPSST may be required to release the information provided on this form, including your identity, if requested.

Completed forms can be mailed to: DPSST, Attn: Professional Standards, 4190 Aumsville Hwy SE, Salem, Oregon 97317

Completed forms can be emailed to: DPSST.Complaints@state.or.us