

FORM
COMPLAINT

**COMPLAINT
FORM**

For Office Use Only
DATE RECIEVED:



Questions? (971) 701-1544
Email: tax.bd@tax.oregon.gov

OREGON BOARD OF TAX PRACTITIONERS

200 Hawthorne Ave., Suite D450
Salem, OR 97301

Fax (503) 585-5797

Website: www.oregon.gov/OBTP

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FIRM OR INDIVIDUAL COMPLAINT IS AGAINST

PLEASE PRINT OR TYPE

"NAME" Last:	First:	Middle:
Firm Name:		
Mailing Address:		
City:	State:	Zip Code:
		County:
Cell Phone:	Home Phone	Business Phone:
Fax:	*E-Mail:	

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INDIVIDUAL FILING COMPLAINT

PLEASE PRINT OR TYPE

"NAME" Last:	First:	Middle:
Mailing Address:		
City:	State:	Zip Code:
		County:
Residence Phone:	Business Phone:	
Fax:	*E-Mail:	

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INSTRUCTIONS

Explain your complaint in detail attaching additional sheets of paper if necessary. Include any supporting information, such as COPIES of the following: tax returns, receipts, cancelled checks, contracts, letters, advertisements, or other documents that may support your complaint.

PLEASE SEND COPIES ONLY ~ KEEP ALL ORIGINAL DOCUMENTS FOR YOUR RECORDS

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TYPE OF COMPLAINT

☐ Unlicensed Activity ☐ Competency/Service ☐ Return of Records ☐ Advertising

1. Tax year(s) involved _____ / _____ / _____ / _____ / _____
2. Other government agencies contacted (if any) _____
3. Please explain circumstances surrounding your complaint. (use more pages if necessary)

4. What action by the firm(s) and/or person(s) would resolve this matter to your satisfaction?

5. Have you complained to the firm(s) and/or person(s) involved ☐ Yes ☐ No

Name of Individual _____

Response from the Individual

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SIGNATURE

Under penalty of perjury, I declare that I have examined this application, including any accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature: _____ Date: _____

**PLEASE SUBMIT A COPY OF ALL DOCUMENT(S) THAT MAY SUPPORT YOUR COMPLAINT
KEEP ALL ORIGINAL DOCUMENTS**

**Mission: The Board of Tax Practitioners protects consumers by ensuring that
Oregon tax professionals are competent and ethical in their professional activities.**