



Certified Water Operator Complaint Form

Please fill out as completely as possible, attach any additional information you have about this complaint. Instructions are on the back.

Complainant Information		
1) Complainant's Name		2) Home phone ()
3. Mailing Address		4. Work phone ()
City	State	ZIP
		Fax number ()
Who is the Complaint Against (Respondent)?		
5. Respondent's Name		6. Home phone ()
7. Business Name		8. Work phone ()
9. Mailing Address (If known)		Fax number ()
City	State	Zip Code
Is Respondent an owner/operator of a public water system? If so please complete.		
10. Water System Name	11. ID Number	12. County
13. Owner Name	14. Contact person if different from owner/DRC	
Communications		
If you answer "Yes" to any of the following questions, please provide details in your complaint.		
Have you tried to resolve your complaint with the other party?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you advise the other party that you were considering filing a complaint with OHA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Complaint Description		
Attach a statement describing your complaint. Be as specific as possible. Describe what actions led you to file this complaint. Provide documentation to support your allegation and include dates of the alleged wrongdoing. Describe what work the party was hired to perform if applicable.		
Signature		
I certify (or declare) under penalty of perjury under the laws of the State of Oregon that the forgoing and any attachments hereto, which are incorporated herein by reference, are true and correct.		
Signature _____		Date _____
		15. Confidential* Y N
* Based on the seriousness of your complaint and the possible consequence of suspension or revocation of someone's certification, it is likely that your name would have to be revealed to the respondent at some point during the investigation of this complaint. An exception to this would be if your complaint were covered under the "Whistleblower" protections found in OAR 839-010-000.		
Completed by drinking water staff		
Complaint referred to:	Complaint type :	Date :

The Oregon Health Authority is an equal opportunity agency. To receive this form in another format, please call 971-673-0405.

Instructions for Completing Complaint Form

Do not make entries in the shaded areas. Please complete all other items as accurately as possible. Instructions are provided below for those items, which most often need further explanation. If you have questions, contact the OHA-DWP.

1. Complainant's Name – Name of person submitting complaint.
2. Home phone – Area Code and phone number where you can be reached during the evening.
3. Mailing address – Address where you can be reached.
4. Day phone – Area Code and phone number where you can be reached between 8 a.m. and 5 p.m.
5. Respondent's Name – Name of person you are filing the complaint against.
6. Respondent's home phone – Area code and phone number where respondent can be reached during the evening if known.
7. Business Name – The respondent's business name if applicable.
8. Work phone – Area code and phone number where respondent can be reached during regular business hours if known.
9. Mailing Address – Respondent's business address if known.
10. Water System Name – Fill out only if respondent is a water system owner or operator.
11. ID Number – This is the public water system identification number assigned to the system.
12. County – Name of county in which system is located.
13. Owner Name – The name of the water system owner if known.
14. Contact person if different from owner – The name of the contact for the system if different than the owner/or DRC of the system.
15. Confidential – Please circle based on your preference. If you circle yes, the Department will do everything it can legally to keep your name confidential. If this complaint is against an individual certified under the Water Operator Certification Program, please see the asterisk under the signature section on the front of this form.

Please return completed form to the Drinking Water Program office.

PO Box 14450 Portland OR 97293-0450 Drinking Water Program 971-673-0405

FAX #: 971-673-0694