Oregon Health Authority

HEALTH LICENSING OFFICE

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
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Print Form

Health Licensing Office – Consumer Complaint Form

Note: Do not use this form for complaints against a Direct Entry Midwife – See Direct Entry Midwifery Complaint Form

If you are using any Apple product (Mac, iPad, iPhone), download and use Adobe Reader before completing this form.

SELECT REGULATED PROFESSION OR BUSINESS:

☐ ART THERAPISTS	☐ DENTURE TECHNOLOGISTS	☐ MUSIC THERAPISTS
☐ ATHLETIC TRAINERS	☐ ELECTROLOGISTS	☐ POLYSOMNOGRAPHIC TECHNOLOGISTS
☐ BEHAVIOR ANALYSTS	☐ ENVIRONMENTAL HEALTH SPECIALISTS	☐ RESPIRATORY THERAPISTS
☐ BODY ART (body piercers, tattoo artists)	☐ HEARING AID DEALERS	☐ SEXUAL OFFENSE THERAPISTS
☐ CERTIFIED ADVANCED ESTHETICIANS	☐ LACTATION CONSULTANTS	☐ SIGN LANGUAGE INTERPRETERS
☐ COSMETOLOGISTS (barber, esthetician, hair design, nail tech, natural hair care)	☐ LICENSED DIETITIANS	☐ TEMPORARY STAFFING AGENCY
	☐ LONG TERM CARE ADMINISTRATORS	☐ WASTE WATER SPECIALISTS

Complaint Against

BUSINESS NAME:		DATE OF INCIDENT:
NAME OF INDIVIDUAL:		LICENSE # (if known):
STREET ADDRESS:		
CITY:	STATE:	ZIP:
ADDITIONAL LOCATION INFORMATION (if any):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	CELL PHONE (if applicable):	
EMAIL:	WEB ADDRESS (if applicable):	

Person Filing Complaint

NAME:		DATE OF FILING COMPLAINT:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS (if different from above):		
CITY:	STATE:	ZIP:
BUSINESS PHONE:	CELL PHONE (if applicable):	
EMAIL:	WEB ADDRESS (if applicable):	

For Denture Complaints Only (if this is not a denture complaint, skip this section and move on to the next page)

Is this complaint specific to a denture or set of dentures? ☐ Yes ☐ No (if no, move on to the next page)

If your answer to the question above is yes, have the denture(s) been adjusted, worked on, or tampered with in any way since you initially received them? ☐ Yes ☐ No (if no, move on to the next page)

If your answer to the question above is yes, please provide the name and contact information of the person(s) who adjusted or worked on the denture(s):

Describe the Nature of the Complaint / Affected Person(s) – Attach additional pages or your own documentation if necessary.

Complainant's Signature:	**Date:**

The Health Licensing Office has no authority to require licensees or businesses to refund money to their clients. The office only has authority to investigate and take action when violation of Oregon Revised Statutes or Oregon Administrative Rules is proven.

Submission of this Form

You may submit this form by email, fax or postal mail. This information can be found at the top of page one of this form.