

Oregon Psilocybin Services Complaint Form

If you have a complaint or a concern about a psilocybin licensee, please use this form. The information provided will be carefully reviewed. Oregon Psilocybin Services will determine if there are potential violations of ORS 475A or OAR 333-333 and whether the Oregon Health Authority is the agency with jurisdiction to take further action.

Oregon Psilocybin Services will only investigate violations of ORS 475A or ORS 333-333. If your complaint is related to criminal activity, please contact law enforcement.

Complaints are subject to public disclosure under Oregon's Public Records Law. If OHA receives a public records request for information that you submitted and you are concerned about your privacy or safety, Oregon Psilocybin Services will make every effort to keep your identity confidential to the fullest extent permitted by law.

Thank you for sharing your concerns with the Oregon Psilocybin Services Section (OPS).

First and last name (We may reach out to you if further details are needed)

Email

Phone

Preferred method of contact:

Email

Phone

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Do you have any concerns about the release of your identity in relation to this feedback?

Please enter the name of the license associated with your complaint:

Date of incident (if unknown leave blank; if multiple dates, note the dates in the complaint section below):

What is your complaint?

Please describe your complaint in detail. Include any persons involved, where the rules violation occurred, when it occurred, and any other pertinent information that will aid in the investigation of this complaint.

Have you reported this to, or filed a complaint or action with, any other agency or organization, such as law enforcement, Adult Protective Services, professional licensing boards, etc.? If so, please list agencies, date and actions or findings associated with the complaint.

To the best of my knowledge, I attest this complaint is true.

First and Last Name