PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services http://oregon.gov/psilocybin



Training Program Curriculum Complaint Form

If you have a complaint or a concern regarding a psilocybin facilitator training program not meeting statutory or administrative rule requirements established in ORS 475A or OAR 333-333-3020 to 333-333-3090, please use this form. Please note that Oregon Psilocybin Services (OPS) approves training program curriculum but does not license or regulate training programs.

OPS can only respond to complaints that allege a violation of ORS 475A or OAR 333-333-3020 to 333-333-3090. 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 you have concerns about your privacy or safety, OPS will make effort to keep your identity confidential to the extent permitted by law.

The information provided will be carefully reviewed against applicable Oregon Revised Statutes and Oregon Administrative Rules. The review will determine if there are potential violations and if OHA is the agency with jurisdiction to take further action.

Thank you for sharing your concerns with the Oregon Psilocybin Services Compliance Program.

PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services

http://oregon.gov/psilocybin



Training Program Curriculum Complaint Form

| First and last name (we may reach out to you if further details are needed) | | |
|---|-------|-------|
| Email | | |
| Phone | | |
| Preferred method of contact: | Email | Phone |
| Do you have any concerns about the release of your identity in relation to this feedback? | | |
| Please enter the name of the Training Program 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. | | |

PUBLIC HEALTH DIVISION CENTER FOR HEALTH PROTECTION Oregon Psilocybin Services

http://oregon.gov/psilocybin



Training Program Curriculum Complaint Form

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

For general career school complaints please contact the Higher Education Coordinating Commission:

Private Career School License - Student Complaints Matthew Altman

Phone: 503-881-2738

Matthew.ALTMAN@hecc.oregon.governail