

OREGON STATE BOARD OF ARCHITECT EXAMINERS 205 LIBERTY STREET NE, SUITE A SALEM, OR 97301 503.763.0662

www.oregon.gov/osbae architectboard@osbae.oregon.gov

and the constant of the consta	
COMPLAINT FORM	
COMPLAINT FILED BY	
NAME	
COMPANY NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	
E-MAIL ADDRESS	
COMPLAINT FILED AGAINST	
NAME	
COMPANY NAME	
ADDRESS	
CITY, STATE, ZIP	
PHONE NUMBER	
E-MAIL ADDRESS	
REGISTRATION NUMBER (IF KNOWN) ARI- or ARF-	
PROJECT LOCATION	
ADDRESS	
CITY, STATE, ZIP	
DETAILS	
On the next page, include a brief explanation of the complaint. Include dates, times, names of witnesses, and which statutes and/or rules you believe have been violated.	
DOCUMENTS	
Please attach all pertinent documents, such as a copy of the contract, copies of canceled checks, receipts, and plans.	
CONFIRMATION	
I hereby certify under penalty of perjury that the information provided above is true and accurate to the best of my knowledge and belief. (A SIGNATURE IS REQUIRED)	
Signature: Date	

Add details of the complaint here (dates, times, names of witnesses, statutes and/or rules):	