| COMPLAINT FORM Oregon State Board of Towing ICO DMV HQ – Program Services 1905 Lana Ave., NE Salem, OR 97304 Type of Complaint – Please Check Type of Complaint – Please Check Notes:  Type of Salem, OR 97304 Type of Complaint – Please Check Salem, OR 97604 Type of Complaint – Please Check Salem, OR 97304 Type of Complaint – Please Check Salem, OR 97304 Type of Complaint – Please Check Salem, OR 97304 Type of Complaint – Please Check Salem, OR 97304 Type of Complaint – Please Check Salem, OR 97304 Type of Complaint Intervel Intervel Notes:  Your Contact Information:  Name:  Mailling Address (Street or PO Box):  City: State: Zip: Phone:  Email: License/TW Plate No. (if known):  What Happened?  Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional sheets as necessary.  |  | COMPLAINT FORM                                    |                   | DOADD HOE ONLY             |
|--|--|---|-------------------|----------------------------|
| Date Received:     Date Received:     Case No.     Salem, OR 97304     Processed:     Processed: | BOARD OF   |   | of Towing         | BOARD USE ONLY:            |
| 1905 Lana Ave., NE   Case No.   Processed:   | NO. NO.  | •   | •                 | ☐ Date Received:           |
| Type of Complaint – Please Check  Tow Services Billing/Invoice, Fees/Charges Registration/Title Issues Possessory or Other Lien Other:  Your Contact Information:  Name:  Mailing Address (Street or PO Box):  City: State: Zip: Phone:  Email:  Complaint Against:  Company Name:  Mailing Address:  City: Phone:  Email:  License/TW Plate No.(if known): Driver Name (if known):  What Happened?  Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional  |  | 1905 Lana Ave., NE                                |                   |                            |
| Tow Services  Billing/Invoice, Fees/Charges Registration/Title Issues Possessory or Other Lien Other:    Your Contact Information:    Name:  |  |   |                   |                            |
| □ Billing/Invoice, Fees/Charges □ Registration/Title Issues □ Possessory or Other Lien □ Other:    Your Contact Information:    Name:  | •                          |   |                   | Li Notes.                  |
| Possessory or Other Lien   Other:   Your Contact Information:  |  |   |                   |                            |
| Complaint Against:    Complaint Against:  Company Name:  Mailing Address:  City:  State:  Zip:  Phone:  Email:  Driver Name (if known):  What Happened?  Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional  |  |   |                   |                            |
| Vour Contact Information:  Name:   |  | y or Other Lien                                   |                   |                            |
| Name:  | □ Other.   |   |                   |                            |
| Mailing Address (Street or PO Box):  |  |   | Your Contact Info | rmation:                   |
| Mailing Address (Street or PO Box):  | Name:  |   |                   |                            |
| Complaint Against:  Company Name:  |  |   |                   |                            |
| Complaint Against:  Company Name:  Mailing Address:  City: State: Zip: Phone:  Email:  License/TW Plate No.(if known): Driver Name (if known):  What Happened?  Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional   | City:  | State:  | Zip:              | Phone:                     |
| Complaint Against:  Company Name:  Mailing Address:  City: State: Zip: Phone:  Email:  License/TW Plate No.(if known): Driver Name (if known):  What Happened?  Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional   | Email:   |   |                   |                            |
| Company Name:  |  |   |                   |                            |
| Company Name:  |  |   | Complaint Aga     | inst:                      |
| Mailing Address:   |  |   |                   |                            |
| City: State: Zip: Phone:  Email:  License/TW Plate No.(if known): Driver Name (if known):  What Happened?  Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional  | 0 1/   |   |                   |                            |
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| License/TW Plate No.(if known): Driver Name (if known):  What Happened?  Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional  |  |   |                   |                            |
| What Happened?  Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional   | Mailing Address:_  |   |                   |                            |
| Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional   | Mailing Address:_ City:  | State:  | Zip:              | Phone:                     |
| Please provide a concise, detailed narrative summary of the events surrounding your complaint. Attach additional   | Mailing Address:_ City: Email:                                   | State:  | Zip:              | Phone:                     |
|  | Mailing Address:_ City: Email:                                   | State:  | Zip:              | Phone:                     |
|  | Mailing Address:_ City: Email: License/TW Plate                  | State:<br>No.(if known):                          | Zip: Driv         | Phone: er Name (if known): |
|  | Mailing Address:_ City: Email: License/TW Plate                  | State: No.(if known): concise, detailed narrative | Zip: Driv         | Phone: er Name (if known): |
|  | Mailing Address:_ City: Email: License/TW Plate                  | State: No.(if known): concise, detailed narrative | Zip: Driv         | Phone: er Name (if known): |
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|  |        | Losses and Damages:                 |                                     |
|--|--------|-------------------------------------|-------------------------------------|
| Money Paid:\$  |        | Date of Transaction:                |                                     |
| Other Damages/Losses:\$  |        |                                     |                                     |
| Explanation of Loss/Damages:   |        |                                     |                                     |
|  |        |                                     |                                     |
|  |        |                                     |                                     |
| Please list AND ATTACH COPIES of the   |        | e in Support of your Complaint:     | rt of your complaint (i.e. invoices |
| receipts, police reports, correspondence,  |        |                                     |                                     |
|  |        |                                     |                                     |
|  |        |                                     |                                     |
| What Stone H   | avo '  | You Taken to Resolve this Issue S   | So Far?                             |
| Wilat Steps II   | ave    | Tou Taken to Resolve this issue S   | jo r ai :                           |
| Have you contacted the tow company to  | ry to  | resolve this issue? Yes             | ○ No                                |
| Date:  |        |                                     |                                     |
| What methods of contact?   |        |                                     | □ Email                             |
| what methods of contact?   |        | Telephone<br>Letter                 | ☐ In Person                         |
| What was the result of your contact?   |        | Website                             | □ Other:                            |
| What was the result of your contact?   |        |                                     |                                     |
| Diago provide espice of correspondence   |        |                                     |                                     |
| Please provide copies of correspondence Have you contacted an attorney regarding |        | r complaint? Yes                    | ⊃ No                                |
|  | -      |                                     |                                     |
| Name:  |        |                                     |                                     |
| Mailing Address:   |        |                                     |                                     |
| Phone:   | Ema    | nil:                                |                                     |
|  |        |                                     |                                     |
| What was the outcome?  |        |                                     |                                     |
| Have you registered this complaint with a  | n      | har naraan aganay ar arganizatio    | on? Yes No                          |
| have you registered this complaint with a  | ily Ol | ner person, agency, or organization | ill? O res O NO                     |
| If yes, whom?  |        |                                     |                                     |
| Person/Agency/OrganizationName:  |        |                                     |                                     |
| Mailing Address or Website:  |        |                                     |                                     |
| Phone:   | Ema    | il:                                 |                                     |
|  |        |                                     |                                     |
| What was the outcome?  |        |                                     |                                     |

SBOT Complaint Form Form: C-24-01-002

| Police Report Information  |
|--|
| Was a police or law enforcement agency involved in this incident? Yes No If Yes, please provide the following information:   |
| Name of Agency:  |
| Name of Officer/Deputy:  |
| What was the police agency involvement?  |
|  |
|  |
| Please provide a copy of the police report, receipt, or Case No. if available:   |
|  |
| Witnesses and Persons with Direct Knowledge  |
| Please provide the names, phone numbers, and email contact inforamtion for any witnesses or persons with direct knowledge and information of the incident and your allegations. Attach additional sheets if necessary.   |
|  |
|  |
|  |
| VERIFICATION   |
| I affirm that the facts that are presented in the foregoing statement are true to the best of my knowledge and belief.   |
|  |
| Signature: Date:   |
| AUTHORIZATION TO RELEASE INFORMATION   |
| Please Read Carefully.  I hereby authorize the State Board of Towing to disclose the information contained in this complaint to the towing company, law enforcement, Oregon DMV, and other third-parties in the investigation of the complaint. I acknowledge that the purpose of the Board is to protect the general public by enforcing Oreogn's laws and rules regulating the towing industry, and the Board does not represent individual consumers in complaints. |
| Signature: Date:   |

## Please mail or email this complaint form together with related documents to

State Board of Towing ICO DMV HQ – Program Services 1905 Lana Ave., NE Salem, OR 97314

Email: compliance@towboard.oregon.gov