



COMPLAINT FORM
 Oregon State Board of Towing
 ICO DMV HQ – Program Services
 1905 Lana Ave., NE
 Salem, OR 97304

BOARD USE ONLY:

- Date Received:
- Case No.
- Processed:
- Notes:

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: _____ 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 sheets as necessary.

Losses and Damages:

Money Paid:\$ _____ Date of Transaction: _____

Other Damages/Losses:\$ _____

Explanation of Loss/Damages:

Evidence in Support of your Complaint:

Please list AND ATTACH COPIES of the documents you are providing in support of your complaint (i.e., invoices, receipts, police reports, correspondence, pictures, records, or any other related documents)

What Steps Have You Taken to Resolve this Issue So Far?

Have you contacted the tow company to try to resolve this issue? Yes No

Date: _____

What methods of contact? Telephone Email
 Letter In Person
 Website Other: _____

What was the result of your contact?

Please provide copies of correspondence.

Have you contacted an attorney regarding your complaint? Yes No

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

What was the outcome?

Have you registered this complaint with any other person, agency, or organization? Yes No

If yes, whom?

Person/Agency/Organization Name: _____

Mailing Address or Website: _____

Phone: _____ Email: _____

What was the outcome?

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 information 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 Oregon'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