

FORM
COMPLAINT

**COMPLAINT
FORM**



(503)378-4034

OREGON BOARD OF TAX PRACTITIONERS

Fax (503)585-5797

Email: tax.bd@oregon.gov

3218 Pringle Rd SE, Ste 120, Salem OR 97302

Website: www.oregon.gov/OBTP

1

FIRM OR INDIVIDUAL COMPLAINT IS AGAINST

PLEASE PRINT OR TYPE

| | | | |
|------------------|-------------|-----------------|---------|
| "NAME" Last: | | First: | Middle: |
| Firm Name: | | | |
| Mailing Address: | | | |
| City: | State: | Zip Code: | County: |
| Cell Phone: | Home Phone: | Business Phone: | |
| Fax: | *E-Mail: | | |

2

INDIVIDUAL FILING COMPLAINT

PLEASE PRINT OR TYPE

| | | | |
|------------------|----------|-----------------|---------|
| "NAME" Last: | | First: | Middle: |
| Mailing Address: | | | |
| City: | State: | Zip Code: | County: |
| Residence Phone: | | Business Phone: | |
| Fax: | *E-Mail: | | |

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INSTRUCTIONS

Explain your complaint in detail attaching additional sheets of paper if necessary. Include any supporting information, such as COPIES of the following: tax returns, receipts, cancelled checks, contracts, letters, advertisements, or other documents that may support your complaint.

PLEASE SEND COPIES ONLY ~ KEEP ALL ORIGINAL DOCUMENTS FOR YOUR RECORDS

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TYPE OF COMPLAINT

- Unlicensed Activity
 Competency/Service
 Return of Records
 Advertising

- Tax year(s) involved _____ / _____ / _____ / _____ / _____
- Other government agencies contacted (if any) _____
- Please explain circumstances surrounding your complaint. (use more pages if necessary)
