



Complaint Report

Department of Consumer and Business Services
Building Codes Division • 1535 Edgewater NW, Salem, OR
 Mailing address: P.O. Box 14470, Salem, OR 97309-0404
 503-378-4133 • Fax: 503-378-2322
 Web: oregon.gov/bcd

This report is to be used to provide information about possible violations of Oregon's building laws or rules and occupational licensing laws. Please attach additional pages if you require more space than this form provides.

Type of violator (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Business				Location of violation (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential			
ALLEGED VIOLATOR							
Last name:		First name:		Middle initial:	Driver license no.:	Issuing state:	
Business name:				Trade license no.:		<input type="checkbox"/> Unlicensed	
Address (Street or P.O. Box):				Vehicle license no.:		Issuing state:	
City:		State:	ZIP:	Home phone number:		Work phone number:	
DESCRIPTION OF ALLEGED VIOLATION							
Did you witness the alleged violator perform the installation? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "No," how do you know the alleged violation occurred?							
Violation date Month/Day/Year	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Violation location Address		City	County	
Description of structure or specific area where the alleged violation occurred:							
Purpose of installation:							
TYPE OF ALLEGED VIOLATION							
Code	Business			Individual			
Electrical	<input type="checkbox"/> No permit. ORS 479.550(1) <input type="checkbox"/> No license for work. ORS 479.620(1) <input type="checkbox"/> Allowed work by unlicensed person(s). OAR 918-282-0120(1) <input type="checkbox"/> Failed to make correction(s). OAR 918-271-0030(1)			<input type="checkbox"/> No permit. ORS 479.550(1) <input type="checkbox"/> No license for work. ORS 479.620(2)(3) or (5) <input type="checkbox"/> Supervised work without supervisory license. ORS 479.620(2) <input type="checkbox"/> Permitted work by unlicensed person(s). OAR 918-282-0120(1) <input type="checkbox"/> Failed to make correction(s). OAR 918-271-0030(1)			
Plumbing	<input type="checkbox"/> No permit. OAR 918-780-0065 <input type="checkbox"/> No license for work. ORS 447.040 <input type="checkbox"/> Permitted work by unlicensed person(s). ORS 693.030(2) <input type="checkbox"/> Failed to make correction(s). OAR 918-780-0090(5)			<input type="checkbox"/> No permit. OAR 918-780-0065 <input type="checkbox"/> No license for work. ORS 693.030(1) <input type="checkbox"/> Permitted work by unlicensed person(s). ORS 693.030(2) <input type="checkbox"/> Failed to make correction(s). OAR 918-780-0090(5)			
Other	Enter authority by statute or rule number and description of violation.						
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____			
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____			
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____			

WITNESS

Last name:	First name:	Middle initial:	Phone number:
Address (Street or P.O. box):			Fax number:
City:		State:	ZIP:

DETAILED REPORT OF VIOLATION

It is essential that this report be as complete as possible for the Building Codes Division to proceed with an investigation. Whenever possible, the report should include a detailed description of the installation, complete names of individuals who made the installation, copies of any documentation (statements, invoices, canceled checks, contracts, etc.) showing the alleged violator or the installation, and any other information you may have to assist the Building Codes Division in the investigation. Attach additional pages if necessary.

COMPLAINANT INFORMATION AND ACKNOWLEDGEMENT

Last name: (Please print)	First name:	Middle initial:	Phone number:
Title (if an inspector):	Jurisdiction (if an inspector):		
Address (Street or P.O. box):			
City:		State:	ZIP:

By submitting this form, I understand and agree that:

- This complaint and any supporting documentation are subject to Oregon's Public Records Law and public records requests.
- This complaint and any supporting documentation may be released to the business and/or person in which I am complaining about.
- This complaint and any supporting documentation may be referred to another government agency.

Signature (form must be signed before complaint will be investigated):	Date signed:
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