

## Oregon Department of Public Safety Standards and Training (DPSST) Private Professional Certification and Licensing Program (PPCLP) Complaint Form

The Private Professional Certification and Licensing Program's jurisdiction is limited explicitly to the standards required for certification and licensure established by the Board on Public Safety Standards and Training. These standards are found in the Oregon Administrative Rules (OAR): OAR Chapter 259, Division 20, 59, 60, and 61.

Who is your complaint against?	
☐ Private Security Provider	□ Polygraph Examiner
□ Private Security Entity	Other:
☐ Private Investigator (see waiver of confi	dentiality on page 2)
Name of the individual or entity:	
Employing entity, if applicable:	
	s subject to Oregon's Public Records Law (ORS 192.410 to equired to release the information on this form, including your
Please describe what happened in detail. (Attach additional pages if needed)	. Include as much information and documentation as possible:
	$\square$ Yes $\square$ No precedent Agency contacted, the report number/case number, and a ents.

I certify that the information provided on or with this form is true and correct to the best of my knowledge. I understand that upon receipt of this complaint, the individual and entity may be notified of the complaint and my identity.

Signature:

Date:

Signature:		Date:	
Print Name:			
Mailing Address:			
City:	State:	Zip Code:	
Phone Number: Preferred way of contact: [			
confidential under ORS 1 personal identifying inform	<b>92.355(4).</b> If you request confidentialisation to members of the public to the r 192). <b>Release of your identity to th</b>	ne number, and email address remain ity, the Department will not disclose your extent permitted under Oregon Public e individual or entity will most likely	
subject to this complaint, as	IMPORTANT INFORMATION of DPSST's receipt of your complained in some cases, their entity, will be rest of this complaint and any enclosure	nt by email or mail. The individual notified of the nature of the complaint and	
	, or by using one of the emails listed b	sdiction of DPSST, please contact DPSST pelow. You may be directed to leave a	
Completed forms may be n	nailed or emailed to:		
Mail - DPSST Attn: PPCLP-Compliance S 4190 Aumsville Hwy SE, S Email - dpsst.security@dp or dpsst.polygrah@dpsst.or	Salem, Oregon 97317. osst.oregon.gov, dpsst.investigators@d	psst.oregon.gov, PSE@dpsst.oregon.gov,	
	WAIVER OF CONFIDENTI	ALITY	
accordance with Oregon Acclient of the respondent, the	Private Investigator, please read the for dministrative Rules 259-061-0200(4)(or e complainant must sign the waiver of	The state of the s	
DPSST, its investigators, d of our interactions as client DPSST, its investigators, d	and investigator. I also permit the investignated representatives, and legal co	unsel with all records or other materials	

DPSST is acting on the complaint mentioned above.