

OREGON STATE LANDSCAPE ARCHITECT BOARD

1500 Liberty Street SE, Suite 210, Salem, OR 97302
Phone (503) 589-0093 oslab.info@bgelab.oregon.gov

COMPLAINT FORM

SECTION 1: WHO IS FILING THIS COMPLAINT?

Your Name			
Mailing Address			
City	State	Zip Code	Country (if not USA)
E-mail Address			
Phone Number(s)	Primary	Secondary	
Your Registration # (if applicable)			

OPTIONAL: Please check here if requesting confidentiality.***

***YOU ARE STRONGLY ADVISED TO READ THE FOLLOWING DISCLAIMER BEFORE DECIDING WHETHER TO REQUEST THAT THE BOARD LIMIT DISCLOSURE OF YOUR NAME. The Board may be able to limit disclosure of your name, if requested by checking the box above, unless your testimony is needed as part of a Board disciplinary proceeding, pursuant to ORS 671.447, which states: *671.447 Persons supplying information to board or advisory committee. A person that reports or supplies information in good faith to the State Landscape Architect Board or to an advisory committee assisting the board is immune from an action for civil damages as a result thereof. The board or committee shall not disclose the name of a person requesting confidentiality unless the testimony of the person is required as part of a board disciplinary proceeding.*

Without such a request, the limitation on disclosure of your name under ORS 671.447 will not apply. If you do request this confidentiality, the Board will seek to comply with your request to the extent allowed under ORS 671.447 and Oregon's Public Records Law.***

SECTION 2: WHO IS THIS COMPLAINT FILED AGAINST?

Person(s) the Complaint is Against			
Is this person an OSLAB Registrant? (if known)		If Yes, Registration # (if known)	
Respondent's Office Name			
Mailing Address			
City	State	Zipcode	Country (if not USA)
E-mail Address, If Known			
Phone Number, If Known			

SECTION 3: COMPLAINT DESCRIBED

ATTACH a brief written description of allegations along with supporting information. (Please consider including the statutory or rule violations you believe have occurred, along with supporting facts, dates, locations, outcomes, experts, witnesses, contracts, checks/invoices, photos, drawings, advertisements, etc.)

SECTION 4: CONFIRMATION

I hereby declare under penalty of perjury that the above statements and information are true to the best of my knowledge, information, and belief and that I am providing these statements and information for the purposes of ORS 671.665 to prefer charges against the above registrant(s).

Print Name:

Signature:

Date:

NOTE: Unsigned complaint forms will NOT be processed.