Department of Public Safety Standards and Training
4190 Aumsville Hwy
Salem, OR 97317
503-378-2100
FAX 503-378-4600
http://www.dpsst.state.or.us

Oregon
Theodore R. Kulongoski, Governor

NONCOMPLIANCE ALLEGATION FORM

Complainant:

Name: _____

Address:_____

_____

_____

Phone Number: _____

Date of Complaint:_____

Non Compliance Information:

Complaint against :   ___ Officer   ___ Instructor   ___ Executive Manager
___ Company ___ Company Owner ____ Private Investigator

Name:
Person:_____

Company:_____

Phone Number:_____

Describe Complaint:

Complaints must include a description of the act which is believed to have been a violation of or not in compliance with the laws or administrative rules governing the private security providers or investigators. Also include the dates, times, and location of the violation. When possible include additional names, addresses and phone numbers of individuals involved. (Attach additional sheets as necessary.)

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