

**COMPLAINT
FORM**

STATE BOARD OF TAX PRACTITIONERS
3218 Pringle Rd SE #120, Salem OR 97302

Phone: 503-378-4034 Fax: 503-378-3575 E-mail: tax.bd@state.or.us Website: www.oregon.gov/OTPB

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PLEASE PRINT OR TYPE: COMPLAINT IS AGAINST FIRM AND/OR INDIVIDUAL

"NAME" Last	First	Middle
Mailing Address:		
City:	State:	Zip Code: County:
Residence Phone No.:		Business Phone No.:
Fax:	E-Mail:	

Please provide the Board of Tax Practitioners with your current e-mail address to assure receipt of Board information.

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PLEASE PRINT OR TYPE: INDIVIDUAL FILING COMPLAINT

"NAME" Last	First	Middle
Firm Name:		
Mailing Address:		
City:	State:	Zip Code: County:
Residence Phone No.:		Business Phone No.:
Fax:	E-Mail:	

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INSTRUCTIONS: (PLEASE TYPE OR PRINT)

Explain your complaint in detail attaching an addition sheet 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

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