

## CONSUMER COMPLAINT FORM

**Note to Complainant party:** The Department of Public Safety Standards and Training (DPSST) is given authority under 703.401 et seq. to enforce statutes and rules governing the occupation of private investigations.

DPSST is empowered to discipline all licensed investigators who have violated the statutes and administrative rules. The department may also impose penalties on unlicensed investigators practicing outside of licensure. An investigation of allegations in a complaint may include reviewing all client matters and communications and interviewing all persons involved in the complaint. A decision regarding whether the licensee did or did not violate the applicable statutes and/or rules is based on information gathered by the department and/or designated representative. Based on the complexity and volume of the investigations we take on, many times a complaint may take some many months to investigate. If it is necessary to proceed to an administrative hearing, the amount of time needed to complete the investigation will increase.

If a licensee is found to have violated the law, there are several actions that we may take. They include; refusal to renew a license, license suspension, license revocation, reprimand, censure, imposition of probation and/or civil penalties (monetary fine). If the department determines there are no violations of law, or there is insufficient evidence of violation, the complaint will be dismissed. The department may also decide that the matter falls outside of the authority of DPSST and therefore no action against the licensee will be taken.

Once the department determines that an investigation is warranted, under ORS 703.473, we will not disclose any complaints against the licensee, nor findings of our investigation will be disclosed (under ORS 192.410 to 192.505) until the department dismisses the case or issues a proposed order.

Filing this complaint does not alter any other remedies you may have under the law. You may wish to consult your own counsel for advice. You may also be subject to civil liability if you make this complaint for any malicious purpose.

### **Preliminary Question:**

1. Are you making this complaint only on the condition that the information is kept confidential?

\_\_\_\_\_ Yes, I will provide information if I can be assured that it will be kept confidential.  
*(Please understand that the department will not disclose your identity or the source of the complaint during the investigation. However, in the process of making inquiries and conducting interviews, the course of the investigation may reveal indications of the source of the complaint.)*

\_\_\_\_\_ No, it does not matter to me if this information is kept confidential.

**PERSON FILING COMPLAINT:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Business

Phone: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Best hours to contact: \_\_\_\_\_ Occupation: \_\_\_\_\_

**INVESTIGATOR WHO IS THE SUBJECT OF THIS COMPLAINT:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Business

Phone: \_\_\_\_\_ OBI/DPSST#: \_\_\_\_\_

**WITNESS(ES) TO ALLEGED CONDUCT:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Business

Phone: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Best hours to contact: \_\_\_\_\_ Occupation: \_\_\_\_\_

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Name: \_\_\_\_\_

Address \_\_\_\_\_

Business

Phone: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Best hours to contact: \_\_\_\_\_ Occupation: \_\_\_\_\_

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Name: \_\_\_\_\_

Address \_\_\_\_\_

Business

Phone: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Best hours to contact: \_\_\_\_\_ Occupation: \_\_\_\_\_

**What statutes and/or rules do you believe the investigator violated? Check any that apply:**

- operates w/out a Private Investigator license and/or used unlicensed persons to conduct investigative activities
- used a badge (not a photo ID card) in connection with the investigator's business and/or gave the false impression that the investigator is connected with law enforcement
- knowingly violated a court order or injunction in the course of business as an investigator
- committed fraud or deceit towards a client or employer

***Client rights, reports and records***

- failed to provide a written contract
- failed to provide a written report within 7 days of request
- failed to provide a timely and adequate oral report
- failure to keep separate and distinct case files for each client

***Private Investigator Code of Ethical Conduct***

- failed to abide by ORS (Oregon law) in the pursuit of their investigation
- acted officiously or permitted personal feelings , prejudices, political beliefs, aspirations, animosities or friendships to influence their professional decisions
- employed unnecessary or unlawful force or violence
- failed to maintain each client's confidentiality within the limits of the law
- failure to accept sole responsibility for their individual standard of professional performance and did not take every reasonable opportunity to enhance and improve their level of knowledge, competence, and professional integrity
- failed to actively seek and report the truth in performance of their professional duties
- was not above reproach in the financial aspects of their relationship with clients
- failed to keep promises, fulfill commitments and abide by the spirit of agreements made with their clients as well as the letter of agreements with their clients

Have you discussed the issue with the investigator? If yes, please describe:

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(If yes) What actions, if any, did the investigator take to remedy your complaints?

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Have you registered this complaint with any other person or organization? If yes, please identify and explain:

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**Declaration:**

I HEREBY DECLARE AND AFFIRM that the aforementioned matters as set forth in the complaint are true and correct to the best of my knowledge, information and belief.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION:**

I, \_\_\_\_\_, give permission to \_\_\_\_\_  
PRINT YOUR NAME NAME OF INVESTIGATOR  
provide DPSST , its investigators, designated representatives and legal counsel all records of our interactions as client and investigator. I also give permission to the

investigator to answer all questions that DPSST, its investigators, designated representatives and legal counsel may ask concerning those interactions and any events related to the subject of this complaint. This release is effective for as long as DPSST is acting on this complaint.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_