Complaint Report

Department of Consumer and Business Services
Building Codes Division • 1535 Edgewater NW, Salem, OR
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This report is to be used to provide information about possible violations of Oregon's building laws or rules and occupational licensing laws. Please attach additional pages if you require more space than this form provides.

Type of violator (check one): ☐ Individual ☐ Business	Location of violation (check one): ☐ Commercial ☐ Residential

ALLEGED VIOLATOR

Last name:	First name:	Middle initial:	Driver license no.:	Issuing state:

Business name:	Trade license no.: ☐ Unlicensed	Email address:
Address (street or P.O. Box):	**Vehicle license no.:**	**Issuing state:**

City:	State:	ZIP:	Home phone number:	Work phone number:

DESCRIPTION OF ALLEGED VIOLATION

Did you witness the alleged violator perform the installation? ☐ Yes ☐ No
If the answer is "No," how do you know the alleged violation occurred?

Violation date: Month/day/year:	**Time:** ☐ a.m. ☐ p.m.	**Violation location:** Address:	City:	County:

Description of structure or specific area where the alleged violation occurred:

Purpose of installation:

TYPE OF ALLEGED VIOLATION

Code	Business	Individual
Electrical	☐ No permit. ORS 479.550(1) ☐ No license for work. ORS 479.620(1) ☐ Allowed work by unlicensed person(s). OAR 918-282-0120(1) ☐ Failed to make correction(s). OAR 918-271-0030(1)	☐ No permit. ORS 479.550(1) ☐ No license for work. ORS 479.620(2)(3) or (5) ☐ Supervised work without supervisory license. ORS 479.620(2) ☐ Permitted work by unlicensed person(s). OAR 918-282-0120(1) ☐ Failed to make correction(s). OAR 918-271-0030(1)
Plumbing	☐ No permit. OAR 918-780-0065 ☐ No license for work. ORS 447.040 ☐ Permitted work by unlicensed person(s). ORS 693.030(2) ☐ Failed to make correction(s). OAR 918-780-0090(5)	☐ No permit. OAR 918-780-0065 ☐ No license for work. ORS 693.030(1) ☐ Permitted work by unlicensed person(s). ORS 693.030(2) ☐ Failed to make correction(s). OAR 918-780-0090(5)
	Contractor/Individual	**Owner/User**
Boiler	☐ No license or certification. ORS 480.630, OAR 918-225-0730, OAR 918-225-0745 ☐ No install/repair permit. ORS 480.630(5) ☐ Violation of the minimum safety standards. ORS 480.555(1)(a)	☐ No operating permit. ORS 480.585(4)(b) and (c), OAR 918-225-0600(3) ☐ Failure to correct defective condition. ORS 480.660(2) ☐ No operator for a power boiler. OAR 918-225-0470(1)
Other	Enter authority by statute or rule number and description of violation. ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	

WITNESS

Last name:	First name:	Middle initial:	Phone number:

Address (street or P.O. box):	Email address:

City:	State:	ZIP:

DETAILED REPORT OF VIOLATION

It is essential that this report be as complete as possible for the Building Codes Division to proceed with an investigation. Whenever possible, the report should include a detailed description of the installation, complete names of individuals who made the installation, copies of any documentation (statements, invoices, canceled checks, contracts, etc.) showing the alleged violator or the installation, and any other information you may have to assist the Building Codes Division in the investigation. Attach additional pages if necessary.

COMPLAINANT INFORMATION AND ACKNOWLEDGEMENT

Last name: (Please print)	First name:	Middle initial:	Phone number:

Title (if an inspector):	Jurisdiction (if an inspector):

Address (street or P.O. box):	Email address:

City:	State:	ZIP:

By submitting this form, I understand and agree that:

- This complaint and any supporting documentation are subject to Oregon's Public Records Law and public records requests.
- This complaint and any supporting documentation may be released to the business or individual that I am complaining about.
- This complaint and any supporting documentation may be referred to another government agency.

Signature (form must be signed before complaint will be investigated):	Date signed: