

## Oregon Department of Public Safety Standards and Training (DPSST) Private Professional Certification and Licensing Program (PPCLP) Complaint Form

The Private Professional Certification and Licensing Program's jurisdiction is limited explicitly to the standards required for certification and licensure established by the Board on Public Safety Standards and Training. These standards are found in the Oregon Administrative Rules (OAR): OAR Chapter 259, Division 20, 59, 60, and 61.

Who is your complaint against?  □ Private Security Provider	Dolygraph Evaminar
□ Private Security Flovider □ Private Security Entity	☐Polygraph Examiner
□ Private Investigator (see waiver of confidentiality	Other:
Name of the individual or entity:	
Employing entity, if applicable:	
	to Oregon's Public Records Law (ORS 192.410 to to release the information on this form, including your
Please describe what happened in detail. Include (Attach additional pages if needed)	e as much information and documentation as possible:
Was Law Enforcement contacted? ☐ Yes ☐ *If yes, please provide below the Law Enforcement copy of the police report and court documents.	<b>No</b> Agency contacted, the report number/case number, and a

I certify that the information provided on or with this form is true and correct to the best of my knowledge. I understand that upon receipt of this complaint, the individual and entity may be notified of the complaint and my identity.

Signature:		Date:	
Print Name:			
Mailing Address:			
City:	State:	Zip Code:	
Phone Number:Preferred way of contact: [	Email Address: By mail By email		
confidential under ORS is personal identifying inform	192.355(4). If you request confidential nation to members of the public to the er 192). Release of your identity to the	one number, and email address remain ity, the Department will not disclose your extent permitted under Oregon Public ne individual or entity will most likely	
subject to this complaint, a	IMPORTANT INFORMAT on of DPSST's receipt of your complaint and in some cases, their entity, will be es of this complaint and any enclosure	int by email or mail. The individual notified of the nature of the complaint and	
	3, or by using one of the emails listed	sdiction of DPSST, please contact DPSST below. You may be directed to leave a	
Completed forms may be a Mail - DPSST Attn: PPCLP-Compliance 4190 Aumsville Hwy SE, Email - dpsst.security@door dpsst.polygrah@dpsst.or	Specialist 1 Salem, Oregon 97317. <a href="mailto:osst.oregon.gov">osst.oregon.gov</a> , <a href="mailto:dpsst.investigators@eegon.gov">dpsst.investigators@eegon.gov</a> ,	dpsst.oregon.gov, PSE@dpsst.oregon.gov,	
accordance with Oregon A client of the respondent, th access to records and other result in no investigation.	e complainant must sign the waiver of	ollowing and check the box below. In (d), if the complainant is a client or former confidentiality allowing the Department to comply with these requirements may	
<u> </u>		ounsel with all records or other materials	

of our interactions as client and investigator. I also permit the investigator to answer all questions that DPSST, its investigators, designated representatives, and legal counsel may ask concerning those records or interactions and any events related to the subject of this complaint. This release is effective as long as

DPSST is acting on the complaint mentioned above.