

Federal Agency Comment Form

Small Business Administration – Office of the National Ombudsman

Purpose: Small business owners may use this form to submit comments on Federal enforcement/compliance actions that they consider excessive or unfair. The National Ombudsman will use the information when it contacts the applicable Federal agency for a review of the action.

Exp. d	ate 5/31/2013
Case.#:_	

OMB Control #3245-0313

Instructions

- 1. Complete, sign and date this form. (Signature not required if completed at www.sba.gov/ombudsman).
- 2. Provide a brief written statement on the reverse side regarding the specific enforcement or compliance action taken against your organization by the federal agency.
- 3. Submit copies of substantiating documentation, such as correspondence, citation, or notice (Note: Can be submitted separately from this form by fax or mail. Make sure to reference your name or company's name with this information).
- 4. If your comments concern the IRS, you must also submit a completed IRS Tax Information Authorization Form 8821, available at http://www.irs.gov/forms (Can be sent by fax or mail).
- 5. Fax, e-mail or send this form and requested information to: (1) Fax: (202) 481-5719; (2) E-mail: Ombudsman@sba.gov; (3) Address: SBA, Office of the National Ombudsman, 409 Third Street, SW, Washington, DC 20024. Telephone: (202) 205-2417.

Address:				
City:	State :		Zip:	
Phone:	Fax :	E-mail:		
ontact Name : Mr. Ms. Ms.		Title:		
ease indicate your organization —— Small Business —— Small Governm	n type: Not-for-Profit, Represen ent (population of less than 50,000)	tingAssociation, Representing _	Members Members	
	List the federal agency with whi	ch you are having a proble	m:	
Federal Agency Name:				
gency Contact person:				
Agency Office/Division:				
Did the federal agency listed	d above inform you of your right t	to contact the SBA Office of	the National Ombudsman?	
Yes No	If not, how did you le	earn about this office?		
		lentiality / Disclosure		
its access only to the SBA (Se	y Enforcement Fairness Act (SBRE e 15 U.S.C. 657 (b) (2) (B)). Howeve r specific problem, possibly delayir	er, by requesting confidentialit	y the federal agency may not ha	
	kept confidential. Yes No	(If yes, results may be limited	1.)	
I request that my information be	nopt connectition.	(ii yoo, roodito may bo iiiiitot	'	

Pursue all legal options you believe are in your company's best interest.

This process is not a substitute for legal action.

SBA FORM 1993 (3-13) Previous Editions Obsolete

Please Note: The estimated burden for completing this form is 45 minutes. You are not required to respond to this information collection if a valid OMB approval number is not displayed. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U. S. Small Business Administration, Chief, Administrative Information Branch, Washington, D.C. 20416 and/or Office of Management and Budget, Clearance Officer, Paperwork Reduction Project (3245-0313), Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB, as this will delay action on your request for assistance.

Type or (print) your comments below:						