

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. Completion of this form is mandatary to request assistance from the Office of the National Ombudsman.

| Exp. date 6/30/2016 |
|---------------------|
| Case #: |

OMB, Control #3245-0313

Instructions

Please Print

- 1. Complete, sign and date this form. (Signature not required if completed at www.sba.gov/ombudsman).
- 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).
- 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.

| Organization/Company Name: | | | | |
|---|---|---|--|-----------------------|
| Address: | | | | _ |
| City: | State: | | Zip: | _ |
| Phone: | Fax: | E-mail: | | |
| Contact Name: Mr. Ms. Ms. | | Title: | | _ |
| Please indicate your organization type: —— Small Business — —— Small Government (po | Not-for-Profit, Representing opulation of less than 50,000)Ass | sociation, Representing | Members Members | |
| Federal Agency Name: Agency Contact person: Agency Office/Division: | | | | |
| Did the federal agency listed above Yes No 1 | | | he National Ombudsman? | |
| | orcement Fairness Act (SBREFA), a S.C. 657 (b) (2) (B)). You may gran naving a problem so that the feder nowever, by requesting confidential | t SBA authority to share al agency can investigat ity the federal agency m solution of your situation ies) with which I am having | e your identity and other information te your specific problem and offer a ay not have sufficient information to n. | n with the a response |
| Signature: | | | Date: | |
| Vour signature authori | zes the SRA Ombudsman to proceed | on your hehalf | | |

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.

| /pe or (print) youi | pe or (print) your comments below: | | | | | | |
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