

ELLEN F. ROSENBLUM
Attorney General



FREDERICK M. BOSS
Deputy Attorney General

DEPARTMENT OF JUSTICE
CIVIL ENFORCEMENT DIVISION
1162 Court Street NE
Salem, OR 97301-4096
Telephone: (503) 934-4400
Fax: (503) 378-5017
TTY: (800) 735-2900

May 8, 2021

STD CARRIERS DISEASE CONTROL & PREVENTION SERVICES
P.O. BOX 86653
PORTLAND, OR 97286

Re: FF2285-21
ALEX ZAZOVE

The Department of Justice received the enclosed complaint about your business. We request that you respond to the consumer's concerns within the next 15 days.

Please email your response to alicia.suarez@doj.state.or.us. Include our file number in the subject line and attach any documents that help support or explain your response. Complaint files are public records so please black out sensitive information like social security or credit card numbers that should remain private.

We understand that there are two sides to every dispute. After you respond, we may ask you or the consumer to provide additional information to help the parties clarify the issues and resolve the dispute. We will work with both parties to try to reach a mutually agreeable solution, but we cannot act as attorneys for either party or give legal advice. If you have questions about your legal rights and obligations, please contact an attorney.

The Consumer Protection Section of the Department of Justice helps consumers resolve disputes with businesses. We regularly investigate and prosecute violations of consumer protection laws on behalf of the State of Oregon. We also share information with other agencies and use what we learn to educate the public and help pass laws that better protect consumers.

We appreciate your cooperation. If you have questions, please send an email with your file number in the subject line or have your file number ready and call (503) 934-4400.

/s/ Alicia Suarez
Consumer Complaint Specialist

Enclosure: Consumer Complaint

O2

Ellen F. Rosenblum
Attorney General



Portland Area (503) 229-5576
Salem Area (503) 378-4320
Toll Free Area (877) 877-9392
Fax (503) 378-8910
www.doj.state.or.us

***Submitted online**

**OREGON DEPARTMENT OF JUSTICE
CONSUMER COMPLAINT FORM**

Please Note the Following:

Under Oregon Law, the Attorney General cannot act as your private attorney or give you legal advice. Deadlines may prevent you from starting a lawsuit if you wait too long. Filing this complaint does not change those deadlines or guarantee the results you want. You may wish to contact a private attorney. If you paid by credit card, the card issuer may offer relief (or protection).

- | | |
|---|--|
| 1. Please use dark ink. Type or print clearly. | 3. Keep your original papers. |
| 2. Return this form with copies of important papers. | 4. Attach any additional explanation. |

Alex Zazove

First Name	Middle Initial	Last Name	
889 Burton Ave.			
Mailing Address			
Highland Park	IL	60035	
City	State	Zip	
3106623710		3106623710	azaz@gmail.com
Day Phone	Evening Phone	Cell phone number	Email address

STD Carriers Disease Control & Prevention Services

Name of Business or person about which you are complaining		
P.O. Box 86653		
Mailing/Street Address		
Portland	OR	97286
City	State	Zip

Phone _____ Email address _____

Date of Transaction(s): Not Entered _____	How much money, if any, do you believe you lost? _____
Whom have you contacted regarding your complaint?	<input type="checkbox"/> I am not requesting action on this complaint.
<input checked="" type="checkbox"/> Attorney _____	<input checked="" type="checkbox"/> I am over 65 years of age.
<input type="checkbox"/> Business _____	<input checked="" type="checkbox"/> I am under 30 years of age.
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> English is not my first language.
	<input checked="" type="checkbox"/> I am a veteran.
	<input checked="" type="checkbox"/> I would like info on <u>Veteran's Benefits</u> .

If you would like to receive **SCAM ALERTS**, print your email address: N _____

FOR OFFICIAL USE ONLY			
FF #: 2285-21	Comp. Code: _____	Bus Code: _____	Rec'd From: _____
Comp. Code: _____	Comp. Code: _____	Bus Code: _____	Ref'd To: _____
Closing Code: _____	Ltr Type: _____	Uncheck: <input type="checkbox"/> -Cons.Comp. <input type="checkbox"/> -Websrch	Notes: _____
Rtn to: _____	Notify: _____		
Cc: _____	\$\$Amt: _____		
<input type="checkbox"/> -ADS <input type="checkbox"/> -HJM <input type="checkbox"/> -GJD			
DM#1872911 (FFemail #5188597) Rev: 7/15/2014			

DETAILS OF COMPLAINT
(attach additional pages if necessary)

Type of Service or Transaction: _____

If your complaint is about a cell phone account, please list the cell phone number here: _____

If your complaint is about a website, please list the website here:

https://www.stdcarrriers.com/legal/freespeech.aspx _____

If your complaint is about TOWING, please provide the Vehicle License Plate #:

State: **OR** _____

Plate #: _____

If you have an ACCOUNT with this business, please provide the Account # here: _____

There is a false and defamatory report on this website concerning false medical information about me. This false information was first posted a number of years ago. The information was taken down for a period of time and has now reappeared. In addition to the information being false, I should not have to submit to testing, to prove the information is false which is also is violative of my private health information. This false information, which is accessible to the public, is injurious to my personal and professional reputation. I ask this office to please have this entity remove my name and the false information it posted on its website immediately.

By my signature below, I understand a) this complaint will become part of DOJ's permanent records and is subject to Oregon's Public Records Law; b) this complaint may be released to the business or person about whom I am complaining; c) this complaint may be referred to another governmental agency. By my signature below I authorize any party to release to the DOJ any information and documentation relative to this complaint.

Electronically Filed
Signature

4/22/2021
Date

Over 65?