

**Federal Agency Comment Form**  
Small Business Administration – Office of the National Ombudsman  
409 Third Street SW, Washington, DC 20416  
P: (202) 205-2417 – F: (202) 481-5719

OMB Control #3245-0313

Exp. date 3/31/2007

Case #: \_\_\_\_\_

**Instructions**

1. Complete, sign and date this form. (Signature not required if completed at [www.sba.gov/ombudsman](http://www.sba.gov/ombudsman)).
2. Provide a brief written statement 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.
4. If your comments concern the IRS, you must also include a completed IRS Tax Information Authorization Form 8821, available at <http://www.irs.gov/forms>.
5. Fax, e-mail or send this form and requested information to:
  - Fax: (202) 481-5719
  - E-mail: [Ombudsman@sba.gov](mailto:Ombudsman@sba.gov)
  - Address: SBA Office of the National Ombudsman, 409 Third St., SW, Washington, DC 20416

Please Print

Organization/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please indicate your organization type:

Small Business       Not-for-Profit, Representing \_\_\_\_\_ Members  
 Small Government (population of less than 50,000)

**List the federal agency with which you are having a problem:**

Federal Agency Name: \_\_\_\_\_

Agency Contact person: \_\_\_\_\_

Agency Office/Division: \_\_\_\_\_

Ö Did the federal agency listed above inform you of your right to contact the SBA Office of the National Ombudsman?

Yes

No

If not, how did you learn about this office?

**Confidentiality / Disclosure**

The law allows you to keep your identity and other information private, and limit its access only to the Office of the Ombudsman. However, by requesting confidentiality the federal agency may not have sufficient information to investigate your specific problem, possibly delaying or preventing any potential resolution of your situation.

I request that my information be kept confidential.  Yes  No (If yes, results may be limited.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature authorizes the SBA Ombudsman to proceed on your behalf.

**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 (2-04) Previous Editions Obsolete**

Please Note: The estimated burden for completing this form is 45 minutes. You will not be 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.