

**North Carolina State Board of Certified Public Accountant Examiners**

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605  
Phone 919-733-1426 • Fax 919-733-4209 • Web www.nccpaboard.gov

**RECORD OF COMPLAINT**

Please answer all questions as completely as possible.

**COMPLAINANT** (your name): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Are you represented by an attorney in this matter? \_\_\_\_\_ Yes \_\_\_\_\_ No

Attorney's Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**RESPONDENT** (Name of CPA or CPA firm): \_\_\_\_\_

CPA Firm Name: \_\_\_\_\_

CPA Firm's Address: \_\_\_\_\_

CPA's Home Address (if known): \_\_\_\_\_

CPA's Certificate Number (if known): \_\_\_\_\_

Phone Number (if known): \_\_\_\_\_

Email Address (if known): \_\_\_\_\_

**SUMMARY OF YOUR COMPLAINT**

Please be as specific and detailed as possible regarding your complaint. Continue on the attached sheet, and if necessary, attach additional sheets.

**Summary of Complaint, continued:**

**WITNESSES THAT CAN PROVIDE TESTIMONY SUPPORTING YOUR COMPLAINT**

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

**EVIDENCE IN SUPPORT OF YOUR COMPLAINT**

Please attach copies of invoices, reports, tax returns, financial statements, correspondence, contracts, agreements, or any documents in support of your complaint. Please redact identifying information such as Social Security numbers, account numbers, etc.

**VERIFICATION**

I swear (affirm) that the facts presented in the foregoing statement are true to the best of my knowledge and belief.

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

\_\_\_\_\_ State

\_\_\_\_\_ County

Sworn to (or affirmed) and subscribed before me this day by \_\_\_\_\_.

[I have personal knowledge of the identity of the principal(s)] [I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a \_\_\_\_\_]

[a credible witness has sworn to the identity of the principal(s) \_\_\_\_\_.]

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
Date

My Commission Expires \_\_\_\_\_