

**STATE OF RHODE ISLAND
BOARD OF ACCOUNTANCY
560 Jefferson Blvd, First Floor
Warwick, Rhode Island 02886**

COMPLAINT FORM

INSTRUCTIONS: Please complete this form and return it to the above address if you have reason to believe that a licensee regulated by the Rhode Island Board of Accountancy has violated the law or failed to meet his/her responsibilities and obligations to the public.

Complainant's Name: _____
Last First M.I. Date Filed

Street City/Town State Zip Code

Mailing Address (if different from above)

Home Telephone Business Telephone Email Address

Name, address and phone number of persons who always knows where to contact me

Licensee about whom I am filing a complaint:

Name: _____

Business Address: _____ Phone: _____

Residence Address: _____ Phone: _____

CPA Number: _____

Other Federal, State, municipal, local agencies or legal counsel I have contacted with regard to this complaint, including results of contacts: _____

Explain as fully as possible below or on attached sheet(s) the exact nature of your complaint against the licensee. Be certain to include specific information such as dates, name, address and telephone number of offending licensees, etc. Also, attach any documentation, **as well as engagement letter received** which you feel will help support your allegations.

The undersigned declares that the statements, answers, representations and allegations contained herein are true and correct to the best of his/her knowledge and belief.

Signed: _____ Date: _____