

**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: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Are you represented by an attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

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

Phone Number (W): \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail 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: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**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.

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

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

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

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

E-Mail Address: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

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

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

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

E-Mail 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.

**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) \_\_\_\_\_.]

OFFICIAL NOTARIAL SEAL

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

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

\_\_\_\_\_  
Date

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