

Complaint
Form

Board of Accountancy
Washington State



TYPE OF COMPLAINT

Code of Conduct

- Independence
- Professional Misconduct
- Conflict of Interest
- Confidentiality
- Return of Client Records
- Other: _____

Competency

- Audit Failure
- Tax Return Errors

Title use

- By Unlicensed Individual
- By Unregistered Firm

Theft

- Fraud
- Embezzlement
- Other _____
- _____
- _____

YOUR CONTACT INFORMATION

Full Name: _____ Mailing Address (including city, state, zip code, country): _____
Daytime Phone: (_____) _____
Email Address: _____

LIST WHO YOU ARE FILING A COMPLAINT AGAINST

Full Name: _____ Daytime Phone: (_____) _____
Firm Name: _____ Certificate/License #: _____
Mailing Address: _____ Email Address: _____

UBI#, if known: _____

GENERAL INFORMATION ABOUT THE COMPLAINT

I have contacted the person(s) I'm complaining about to resolve this matter. Yes No

I have contacted an attorney to assist in resolving this matter. Yes No

Attorney's Name: _____ Daytime Phone: (_____) _____

Mailing Address (including city, state, zip code):

List the names of all other agencies with whom you have or intend to file a complaint.

Have you previously filed complaints about this licensee(s) with the Board of Accountancy? Yes No

If yes, please provide information as to when and what the complaint involved.

I am willing to testify under oath regarding the allegations in this complaint. Yes No

If you are not willing to testify, state the reason(s) below.

SPECIFIC INFORMATION ABOUT THE COMPLAINT

Include names, dates and other information you believe to be relevant to your complaint. Use additional sheets of paper if necessary. Please attach copies of all relevant documents that directly or indirectly relate to this complaint.

EVIDENCE SUPPORTING YOUR COMPLAINT

- Invoices Reports Tax Returns Financial Statements Correspondence
 Contracts Engagement letter Other

CERTIFICATION OF COMPLAINT

- I understand a copy of this complaint may be given to the person or firm that I have filed a complaint against. I (we), the complainant(s), certify that the above is true to the best of my (our) knowledge.

Print Name: _____

Signature: _____ Date: _____

Mail to: Washington State Board of Accountancy
PO Box 9131, Olympia, WA, 98507-9131
Physical Address: 711 South Capitol Way Suite 400, Olympia, WA, 98501

Fax to: (360) 664-9190

Contact via phone: (360) 664-9193
Contact via email: investigations@cpaboard.wa.gov

THE BOARD ADVISES YOU TO KEEP DETAILED COPIES OF ALL DOCUMENTATION SUBMITTED FOR YOUR RECORDS.

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, [Chapter 42.56 RCW](#). The information you submit to the Board may ultimately be subject to disclosure as a public record.