STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
BOARD OF ACCOUNTANCY
1511 Pontiac Avenue, #68-2
Cranston, Rhode Island 02920

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

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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: _____