

**MINNESOTA BOARD OF ACCOUNTANCY**

85 East 7th Place, Suite 125

St. Paul, MN 55101-2143

Ph: 651-296-7938

Fax: 651-282-2644

[boa.state.mn.us](http://boa.state.mn.us)

**COMPLAINT REGISTRATION FORM**

**GENERAL INFORMATION**

You ("the Complainant") may use this form to file a complaint against a Certified Public Accountant, a Certified Public Accounting firm, a Registered Accounting Practitioner or a Registered Accounting Practitioner firm ("the Respondent"). You may also use this form to file a complaint against an individual engaged in the unauthorized practice of a profession regulated by the Board.

Your complaint may be disclosed to members, employees and consultants of the Board and to employees of the Minnesota Attorney General's Office. Under certain circumstances your complaint, or a summary of your complaint, may be disclosed to the person you are complaining against or to other persons who might have information about the matter. It also may be necessary to disclose your complaint and related investigative data to an administrative law judge.

You are not legally required to complete or return this form. However, if you do not provide the information requested in this form, the Board may not be able to evaluate your complaint.

**Provide your name and contact information.**

Name \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix)

Address \_\_\_\_\_

City \_\_\_\_\_ Home Phone \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

**Provide the name and contact information of the individual or firm your complaint is against.** (Only **one** individual or firm per complaint form. If against firm, use name field for firm name.)

Name \_\_\_\_\_  
(First) (M.I.) (Last) (Suffix)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

**Statement of Complaint.** (Use additional sheets, if needed.)

[Empty box for writing the statement of complaint]

**This statement is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**AUTHORIZATION TO RELEASE COMPLAINT**

**Select and sign one of the two options below:**

**I hereby authorize** the Minnesota Board of Accountancy to provide a copy of my Statement of Complaint (including my name), a summary of its contents, and any documentation I provide in support of my Statement of Complaint, at the Board’s discretion, to \_\_\_\_\_ (“Respondent”), who is the subject of my complaint. I also hereby authorize the Board to release this information to a third party in the course of the Board’s investigation of my complaint. I understand that I am not legally required to sign this form. The purpose of this authorization is to facilitate the investigation of my complaint. I am willing to appear as a witness at a hearing if the Board determines there is cause to warrant disciplinary action against the Respondent. This authorization expires one year after this date.

\_\_\_\_\_  
Signature authorizing release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**OR**

**I hereby decline to authorize** the release of my Statement of Complaint, a summary of its contents, my name, and any documentation I provide in support of my Statement of Complaint to the Respondent. I understand that if I do not want my Statement of Complaint, a summary of its contents, my name, and any documentation I provide in support of my Statement of Complaint released to the person against whom my complaint is filed, or if I do not want to be called as a witness at a disciplinary hearing against Respondent, **then the Board may dismiss the complaint.**

\_\_\_\_\_  
Signature declining release

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name