

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 _____
(Provide street 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 _____
(Provide street address)

City _____

State _____ Zip _____ Work Phone _____

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

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

Signature

Date

TENNESSEN WARNING

Information from your complaint (which includes your identity) may be used by the Board to investigate the subject of the complaint, as well as any other people identified in the complaint, or any related entities. You are not legally required to file your complaint, but the Board will not be able to act on it unless you do so. Information from your complaint will be shared with Board members, Board staff, and members of the Minnesota Attorney General's office. Information from your complaint may also be shared with the subject of the complaint. If information from your complaint results in the initiation of a contested-case hearing against the subject of the complaint, information from your complaint may be used as evidence at the hearing. If the Board issues a final order related to your complaint, information from your complaint may become public data.

If a contested hearing is initiated based on your complaint, it may be necessary to call you as a witness. Please indicate your willingness to do so below:

Yes, 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.

No, I am not willing to appear as a witness at a hearing. I understand that this may limit the Board's ability to proceed with my complaint, and may result in the Board dismissing my complaint without imposing discipline.

Signature

Date

Printed Name