

No. _____

**STATE OF WEST VIRGINIA
WEST VIRGINIA BOARD OF ACCOUNTANCY
405 Capitol Street, Suite 908
Charleston, WV 25301-1744
(304) 558-3557**

COMPLAINT FORM	
YOUR NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
TELEPHONE	

COMPLAINT AGAINST (FIRM OR INDIVIDUAL)	
ADDRESS (STREET & SUITE NUMBER)	
CITY, STATE, ZIP CODE	
TELEPHONE	
DESCRIPTION OF COMPLAINT:	

(IF YOU NEED MORE SPACE, USE REVERSE SIDE OR ADDITIONAL SHEETS)

ACTION YOU EXPECT THE BOARD SHOULD TAKE

I certify under penalty of perjury to the truth and accuracy of all statements, answers, and representations made in this report.

Signature _____ Date _____

OFFICE USE ONLY	
Complaint Number	Date
Statute	Rules