

**West Virginia Board of Accountancy  
405 Capitol Street, Suite 908, Charleston, WV 25301  
(304) 558-3557**

**Complaint Against Licensee or Firm**

Complainant's Name: \_\_\_\_\_  
  Last  First  MI  Suffix

Address: \_\_\_\_\_  
  Street  City  State  Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Complaint Against: \_\_\_\_\_ Firm or Licensee Number: \_\_\_\_\_

Licensee or Firm Address: \_\_\_\_\_  
  Street  City  State  Zip

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please include the following detailed information in your complaint:**

- Sequence of Events Surrounding Your Complaint
- Dates of Occurrences
- Names of Witnesses or Participants
- Include Supporting / Relevant Documents
- If additional space is needed, please continue on a separate sheet and attach to this form.

**Description of Complaint:**

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**Affirmation by Written Declaration**

By signing this complaint form, I certify that the information provided herein is complete and true to the best of my knowledge and belief. I understand that any documentation attached to the complaint becomes the property of the Board and will not be returned to me. Further, I agree to voluntarily appear and give testimony regarding the information in this complaint if called upon by the West Virginia Board of Accountancy.

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Applicant's Signature

Date