

**Connecticut Department of Consumer Protection
Board of Accountancy
450 Columbus Boulevard, Suite 901
Hartford, Connecticut 06103-1840
Phone: (860) 713-6330
Fax: (860) 706-1230
Email: DCP.Accounting@ct.gov**

Explanation of the Complaint Process

While not mandatory, completion of the form will further assist in the investigation of your complaint.

Upon receiving your complaint form, we will send a copy to the respondent asking for his/her written response to the board within 14 days. Once that response has been received, it will be reviewed and a disposition may be recommended. However, if additional information is necessary, an investigation will be initiated. The legal staff will present the findings to the Board, which has the sole authority to determine the appropriate action.

Please understand that the Board can only take formal action if it finds sufficient basis that the licensee violated Connecticut state laws or regulations. In the case of a hearing, formal charges may be filed against the licensee. The licensee will be given an opportunity to defend himself or herself. If the Board votes to hold a formal hearing, you may be subpoenaed to testify. This process can take a considerable period of time.

If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Board may be obligated to provide to anyone making a request pursuant to the Freedom of Information Act.

If the complaint involves a dispute over fees, please be advised that the Board has limited jurisdiction over fees charged by professionals. You will be notified in writing when a final determination has been made.

If you have any additional questions or concerns, please feel free to contact the Board.

Complaint Form

Connecticut Department of Consumer Protection

Board of Accountancy 450
Columbus Boulevard
Suite 901
Hartford, CT 06103-1840

Phone: (860) 713-6330
Fax: (860) 706-1230
DCP.Accounting@ct.gov

DO NOT WRITE IN THIS SPACE
OFFICE RECORD

DATE RECEIVED _____

BOARD _____

COMPLAINT NO. _____

LICENSING INFORMATION _____

EXPIRATION DATE _____

PLEASE BE ADVISED THAT IT MAY BE NECESSARY FOR YOU TO APPEAR AT A FORMAL HEARING BEFORE THE BOARD.

Please type/print clearly

TYPE OF COMPLAINT (Please check all that apply)

Independence	Audit Failure	By Unlicensed Individual	Fraud
Professional Misconduct	Tax Return Errors	By Unregistered Firm	Embezzlement
Conflict of Interest	Advertising	Administrative/recordkeeping	
Confidentiality	Incompetence		
Return of Client Records			
Other: _____			

Complaint Information (Individual making the claim)

Full Name: _____ Email Address: _____

Home Phone: (____)-____-____ Mailing Address: _____

Work Phone: (____)-____-____ _____

Respondent Information (Individual/Firm against which Complaint is made)

Full Name: _____ Work Phone: (____)-____-____

Home Phone: (____)-____-____ Mailing Address: _____

Contract Information

Did the person represent that he/she is a licensed CPA? _____ Dispute Amount _____

Date of contract (Month, Day, and Year)/ Incident _____

Complete Statement of Complaint

Provide details of your allegation (names, dates and other specific information) relevant to your complaint. Provide additional sheets of paper if necessary. Attach copies of all documents that will support your allegation.

Evidence supporting your complaint (please check all that apply)

Invoices Reports Financial Statements Correspondence

Contracts Engagement letter

General Information about the Complaint

I have contacted the person(s) I'm complaining about to resolve this matter. Yes No

I have contacted an attorney to assist in resolving this matter. Yes No

Attorney's Name _____ Daytime Phone: (____)-____-____

Mailing Address (including city, state and zip code):

I am willing to testify under oath regarding the allegation in the complaint. Yes No

If you are not willing to testify, state the reason(s) below.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

PRINT NAME: _____

SIGNATURE: _____

Mail to:
Connecticut Department of Consumer Protection
State Board of Accountancy
450 Columbus Boulevard, Suite 901
Hartford, Connecticut 06103-1840

Phone: (860) 713-6330
Fax: (860) 706-1230
Email: DCP.Accounting@ct.gov