

## South Dakota Board of Accountancy

301 E. 14<sup>th</sup> St. Suite 200, Sioux Falls, SD 57104

605.367.5770 [accountancy.sd.gov](http://accountancy.sd.gov)

### RECORD OF COMPLAINT

*This document can be filled out online and printed for signature or printed and filled out legibly by hand.*

#### COMPLAINANT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you represented by an attorney in this matter?                      YES (if yes, fill out attorney section)                      NO

#### ATTORNEY:

Attorney's Name: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is there a pending or completed lawsuit regarding your complaint?                      YES                      NO

#### RESPONDENT (NAME OF CPA OR CPA FIRM):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**DETAIL FACTUAL CIRCUMSTANCES OF COMPLAINT:**

(Please provide copies of any documentation supporting your complaint. A copy of your complaint will be provided to the Respondent for their review and response. If additional space is needed, attach separate sheet).

**WITNESSES TO COMPLAINT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**VERIFICATION:**

I declare and affirm under the penalties of perjury that this complaint has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_