

ACCOUNTANCY BOARD OF OHIO COMPLAINT FORM

COMPLAINT FORM77 S. High St., 18th Floor
Columbus, OH 43215-6128
(614) 466-4135

	Today 5 date.	
FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SECTION.		
COMPLAINT NUMBER:		
DATE RECEIVED:		
INVESTIGATOR:		
YOUR INFORMATION		
YOUR INFORMATION: First Name:	Last Name:	
Address:		
City:	State: Zip Code:	
E-mail address:		
Telephone Number:	☐ Home ☐ Work (please check one)	
THIS COMPLAINT IS AGAINST:		
Name:		
DBA (name of business or company):		
Address:		
City:	State: Zip Code:	
Telephone Number: E-mail address:	Fax Number:	

Please state the nature of your complaint. (Use add any documentation to support your position. DO N date the form at the end of your complaint. Thank y	OT SUBMIT ORIGINALS. Please sign and
Signature	Date