



ACCOUNTANCY BOARD OF OHIO
COMPLAINT FORM

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

Today's date: _____

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SECTION.

COMPLAINT NUMBER: _____

DATE RECEIVED: _____

INVESTIGATOR: _____

YOUR INFORMATION:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Telephone Number: _____ Home Work Cell

THIS COMPLAINT IS AGAINST:

First Name: _____ Last Name: _____

DBA (name of business or company): _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail address: _____

Telephone Number: _____ Fax Number: _____

Please state the nature of your complaint. (Use additional pages if necessary.) Include copies of any documentation to support your position. **DO NOT SUBMIT ORIGINALS.** Please sign and date the form at the end of your complaint. Thank you.

Signature

Date