Oregon Board of Accountancy

Complaint Form Instructions

The Oregon Board of Accountancy (Board) appreciates the efforts of consumers who file complaints with the Board. These consumers provide invaluable information to the Board and help the Board to protect the public.

The Board regulates the practice of public accountancy pursuant to Oregon Revised Statutes Chapter 673 and Oregon Administrative Rules Chapter 801. A copy of the Board's statutes and rules is available on the Board's website: http://www.oregon.gov/boa/Pages/adminrules.aspx

PLEASE NOTE: The Board does not have authority to regulate fees charged by its licensees. The Board cannot decide whether an accountant's fee for services is reasonable.

Please complete all spaces in the attached form, including your name, address, zip code, phone number and email address. Please state the full and complete name of the licensee who is the subject of your complaint. Also, list his/her address and telephone number if available to you.

The Board will accept anonymous complaints. However, anonymous complaints can be difficult to investigate and without sufficient information and documentation provided anonymous complaints may be dismissed. Please note that if an anonymous complaint is provided to the Board and any identifying information is provided (i.e. email address) that information will not remain confidential once the Board makes a decision regarding the complaint.

If some of the questions in the complaint form do not apply to your complaint, please indicate N/A (not applicable) in those spaces. **Please print, sign and date the complaint form.**

When describing your complaint please state all background information regarding your complaint including the reason for the complaint, when the problem first occurred, how you selected the license, the relevant dates of your concerns, and the pertinent facts of your complaint. Facts should be submitted in chronological order. You may attach additional sheets of paper to describe your complaint.

Regarding documentation submitted related to your complaint, do not submit original documents. Please only submit copies of documents and retain the originals for yourself. Please also retain a copy of the complaint submitted. **If you wish to complain about more than one licensee, complete a separate complaint form for each licensee**.

Please mail/email/fax your complaint form along with related documents to:

Oregon Board of Accountancy
200 Hawthorne Ave. SE, Suite D450
Salem, OR 97301
503-378-2262
Email: quinn.stoddard@boa.oregon.gov
Fax: 503-378-3575

COMPLAINT FORM

STATE OF OREGON BOARD OF ACCOUNTANCY

200 Hawthorne Ave. SE, Suite D450
Salem, OR 97301
503-378-2262 or
quinn.stoddard@boa.oregon.gov

YOUR NAME:

LAST FIRST MIDDLE INITIAL

STREET ADDRESS

CITY STATE ZIP

ORGANIZATION

HOME PHONE WORK PHONE

I CAN BE CONTACTED AT THE E-MAIL ADDRESS BELOW
EMAIL ADDRESS YES ☐ NO ☐

COMPLAINT AGAINST:

INDIVIDUAL'S FULL NAME

FIRM NAME

STREET ADDRESS

CITY STATE ZIP

PHONE LICENSE#(if_known)

E-MAIL ADDRESS

EVIDENCE IN SUPPORT OF YOUR COMPLAINT:

Please attach copies of invoices, reports, tax returns, financial statements, correspondence, contracts, agreements, business cards, or any other documents in support of your complaint.

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

Invoices ☐ Reports ☐ Tax Returns ☐ Financial Stmts ☐ Correspondence ☐

Contracts ☐ Other

Have you contacted the Licensee to try to resolve the issue? **Yes** ☐ **No** ☐

If yes: What method(s) of contact? Telephone ☐ Email ☐ Letter ☐ Certified Letter ☐

In person ☐ Other

What was the result of the contact?

(Please provide if available, documentation of your contact and Licensee's response .)

Have you contacted an attorney regarding your complaint?

If yes: Attorney's Name **Yes** ☐ **No** ☐

Law Firm

Address

Phone Number Email

Have you filed a claim in any court regarding this complaint? **Yes** ☐ **No** ☐

If yes: Court Name

Address

Case Number Date Filed

Hearing Date (if scheduled)

SUMMARY OF YOUR COMPLAINT

Please be as specific as possible regarding your complaint. Attach additional sheets if necessary. You should retain copies of all documentation.

VERIFICATION:

I affirm that the facts that are presented in the foregoing statement are true to the best of my knowledge and belief.

Signature Date

Please attach any necessary documentation

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