

**OKLAHOMA ACCOUNTANCY BOARD (OAB)  
COMPLAINT FORM**

The Oklahoma Accountancy Act, Title 59, Sections 15.1 *et seq.* does not provide for jurisdiction in matters involving fee disputes.

Please type or print all responses.

Complaint against: \_\_\_\_\_

Doing business as (if different than name of individual) \_\_\_\_\_

Address, City and State of individual or firm: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Complaint filed by: \_\_\_\_\_

Address, City and State \_\_\_\_\_

\_\_\_\_\_

Daytime Contact Information: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Telephone FAX

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

\_\_\_\_\_

Please summarize your complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach separate sheets if necessary

Please list the names and daytime contact information of all other known parties who have a direct interest or possess pertinent information in this matter whose testimony should be considered by the OAB in determining its final disposition of this complaint.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_  
Attach separate sheets if necessary

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If applicable, please attach supportive documents for the OAB's consideration in evaluating this complaint.

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All information contained on and with this form is true and correct to the best of my knowledge. I am filing this complaint against this individual or firm believing that his/her or its activities and conduct may be in violation of the Oklahoma Accountancy Act and/or the OAB's Oklahoma Administrative Code. I agree to appear, at my own expense, and testify at the request of the OAB if a hearing is called as a result of this complaint.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Return to:**

**Oklahoma Accountancy Board  
201 NW 63<sup>rd</sup> Street, Suite 210  
Oklahoma City, OK 73116  
CALL (405) 522-2660  
FAX (405) 521-3118  
V/TTD (405) 522-3093**

**08/10**