

**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

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

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 _____

Return to:

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

08/10