

South Dakota Board of Accountancy

301 E. 14th St. Suite 200, Sioux Falls, SD 57104
605.367.5770 accountancy.sd.gov

RECORD OF COMPLAINT

This document can be filled out online and printed for signature or printed and filled out legibly by hand.

COMPLAINANT:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Are you represented by an attorney in this matter? YES (if yes, fill out attorney section) NO

ATTORNEY:

Attorney's Name: _____

Attorney's Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Is there a pending or completed lawsuit regarding your complaint? YES NO

RESPONDENT (NAME OF CPA OR CPA FIRM):

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

DETAIL FACTUAL CIRCUMSTANCES OF COMPLAINT:

(Please provide copies of any documentation supporting your complaint. A copy of your complaint will be provided to the Respondent for their review and response. If additional space is needed, attach separate sheet).

WITNESSES TO COMPLAINT:

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

VERIFICATION:

I declare and affirm under the penalties of perjury that this complaint has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Complainant Signature: _____ Date: _____