INSTRUCTIONS FOR FILING A COMPLAINT

Against a Licensed Certified Public Accountant or Licensed Public Accountant

The Board appreciates the efforts of consumers who file complaints with the Board. These consumers provide invaluable information to the Board's Enforcement Division.

RESOLVING CONCERNS OR PROBLEMS:

Common misunderstandings relating to the scope of services, the quality of professional services, or the timeliness of those services very often can be resolved by direct and open communication. However, when you cannot resolve a problem, and you believe a violation of Accountancy statutes or Board regulations has occurred, we urge you to file a complaint with the Board.

UNDERSTANDING THE BOARD'S AUTHORITY REGARDING COMPLAINTS:

The specific Arkansas statute related to the practice of public accounting is contained in the Public Accountancy Act of 1975, as amended §17-12-101, et seq. (http://www.arkansas.gov/asbpa/laws.html) and Rules (http://www.arkansas.gov/asbpa/rules.html).

This Arkansas law defines the Board's authority. It cannot act as your lawyer, provide legal advice or legal services, advise you of your rights in any given situation, or give you a list of attorney's names. If you do not have an attorney and wish to hire one, lawyer referral services are available in most communities. However, you are not required to hire an attorney in order to file a complaint with the Board.

The Board's authority when a violation of the Accountancy statutes or Board regulations has occurred is limited to disciplining or recommending discipline. Arkansas law prohibits the Board from representing private citizens in a court of law or collecting money on their behalf. The filing of a complaint with the Board does not prohibit you from concurrently filing a civil action.

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

HOW THE BOARD HANDLES YOUR COMPLAINT:

Every complaint received by the Board is handled by its professional staff. The Board's Investigator reviews complaints based upon substantial and tangible facts relating to specific violations of the Board's laws and regulations.

In most instances, the Board cannot effectively investigate cases that request the identity of the complainant be kept confidential. Although, you can file an anonymous complaint, very few anonymous complaints can be successfully pursued unless the person making the complaint is willing to testify. The testimony of the person making the complaint is almost always important evidence. Also, we mail a photocopy of the complaint letter to the CPA to inform them of the exact nature of the complaint.

In addition, the Board is subject to the Freedom of Information (FOI) Act and as such, records submitted to the Board may be deemed "public records" and open to the public, unless specifically exempted by the FOI Act.

The Board will communicate in writing the substance of your complaint to the licensee who is the subject of your complaint.

If after completing an investigation, the Board determines that a violation of the Accountancy Act and/or Accountancy Regulations has occurred, the Board may recommend disciplinary action be taken.

COMPLETING AND MAILING THE COMPLAINT FORM:

Please complete all spaces in the attached form, including your name, address, zip code, as well as your contact telephone number.

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 you wish to complain about more than one licensee, complete a separate complaint form for each licensee. If some of the questions do not apply to your complaint, write/type "N/A" (not applicable) in those spaces. Please print, sign, and date the complaint form.

You may use a separate sheet of paper or the back of the complaint form to describe your complaint against the licensee. Please state all background information regarding your complaint, including the reason for the complaint, when the problem first occurred, how you selected the licensee, the relevant dates of your concerns, and the pertinent facts of your complaint. Facts should be submitted in chronological order. Please submit a copy of the information related to your complaint and retain the **originals** for your records.

Submit your complaint form, along with related documents to:

Arkansas State Board of Public Accountancy Attn: Board Investigator 101 East Capitol, Suite 450 Little Rock, AR 72201



COMPLAINT FORM STATE OF ARKANSAS BOARD OF PUBLIC ACCOUNTANCY

DO NOT WRITE IN THIS							
SPACE							
OFFICE RECORD							

(13) (S) (S)	BOARD OF PUBLIC AC 101 EAST CAPITOL, SUITE 450 - LITTLE F						
(501) 682-1520				BOARD			
E OF COMPLAINT – PLI	EASE CHECK						
	☐ Audit and	d Attestation S	Sarvicas		COMPLAINT	NO	
		rices/Bookkee			LICENSING I	NFORMATION	
	Other	ices/bookkee	ping		=\/D\D 4 = \\0.000	5.475	
EASE BE ADVISI		ING THIS COMP	I AINT IT MA	AY BE NECESSARY FO	EXPIRATION OP VOLLTO APP		MAI
EARING BEFORE				N BE NECESSART TO	ik 100 10 Ai i	LAIN AT AT ON	VIAL .
UR NAME	LAST			2. COMPLAINT AGAINST			
Γ		MIDDLE INI	ITIAL	TRADING AS			
ET ADDRESS				STREET ADDRESS			
	COUNTY	STATE	ZIP	CITY	COUNTY	STATE	ZIF
E PHONE	WORK	PHONE		PHONE	LI	CENSE NUMBER (if known)	
	WOR	THORE		PHONE			
BE CONTACTED AT THE E-MA							
SUMMARY (OF YOUR Cocific as possible	OMPLAINT regarding your c	omplaint. A	E-MAIL ADDRESS ttach additional sheets i	if necessary.		
SUMMARY (Please be as spe (You should retain	OF YOUR Concident of the control of	OMPLAINT regarding your cocumentation)		E-MAIL ADDRESS		OMPLAINT:	
SUMMARY (Please be as specified with the second sec	OF YOUR Concident of the control of	OMPLAINT regarding your cocumentation) PROVIDE 1 numbers)	ГЕЅТІМО	ttach additional sheets i		OMPLAINT:	
SUMMARY (Please be as spe (You should retain WITNESSES (Please include add Name: Address:	OF YOUR Concidence of all documents of a	OMPLAINT regarding your cocumentation) PROVIDE 1 numbers)	ΓESTIMO	ttach additional sheets i		OMPLAINT:	
SUMMARY (Please be as specified with the second should retain the secon	OF YOUR Concidence of all documents of a	OMPLAINT regarding your cocumentation) PROVIDE 1 numbers)	ΓESTIMO	ttach additional sheets i		OMPLAINT:	
SUMMARY (Please be as spe (You should retain WITNESSES (Please include add Name: Address: Daytime Phone	OF YOUR Concidence of all documents of a	OMPLAINT regarding your cocumentation) PROVIDE 1 numbers)	ΓESTIMO	ttach additional sheets i		OMPLAINT:	
SUMMARY (Please be as spe (You should retain WITNESSES (Please include add Name: Address: Daytime Phone Name:	OF YOUR Conception of all documents and phone	OMPLAINT regarding your cocumentation) PROVIDE 1 numbers)	FESTIMO	E-MAIL ADDRESS ttach additional sheets i		OMPLAINT:	
SUMMARY (Please be as spe (You should retain WITNESSES (Please include add Name: Address: Daytime Phone Name:	OF YOUR Conception of all documents and phone	OMPLAINT regarding your cocumentation) PROVIDE 1 numbers)	FESTIMO	E-MAIL ADDRESS ttach additional sheets i		OMPLAINT:	
WITNESSES (Please include add Name: Address: Daytime Phone Name: Address: Daytime Phone	OF YOUR Conception of all documents and phone of	OMPLAINT regarding your cocumentation) PROVIDE 1 numbers) Other F	Phone:	E-MAIL ADDRESS ttach additional sheets i	G YOUR CO		
SUMMARY (Please be as specified with the specified should retain the specified should	OF YOUR Conception of all documents and phone of all documents are all documents and phone of all documents and phone of all docu	OMPLAINT regarding your cocumentation) PROVIDE 1 numbers) Other F	Phone:	E-MAIL ADDRESS ttach additional sheets i	G YOUR CO		

Have you c	ontacted the Licer	nsee to try to resolve this issue? Yes No				
If yes:	What method of contact?					
Have you c	ontacted an attorn	ey regarding your complaint? 🗌 Yes 🔠 No				
If yes:	Attorney's Name Law Firm Address Phone Number					
Have you fi	led a claim in any	court regarding this complaint? Yes No				
If yes:	Court's Name Address Case Number Hearing date (if so	Date Filed cheduled)				
VERIFIC	ATION					
I affirm that	t the facts presen	ted in the foregoing statement are true to the best of my knowledge and beli	ef.			
Signature _		Date				