



GEORGIA STATE BOARD OF ACCOUNTANCY COMPLAINT FORM

YOUR INFORMATION

Your Name (Required): _____

Address (Required): _____

Telephone No. (Required): _____

Email Address (Required): _____

Fax No.: _____

AREA OF COMPLAINT

Please place an "X" next to the area that pertains to this complaint:

_____ Quality of service

_____ Unlicensed practice

_____ Unprofessional conduct

_____ Other (Please describe.) _____

INFORMATION ABOUT INDIVIDUAL OR FIRM INVOLVED

Name of Licensee/Firm: _____

License Number: _____

Address: _____

Phone Number: _____

DETAILED COMPLAINT INFORMATION

Please provide a detailed explanation of your complaint, including name(s), address(es), dates, etc. regarding all parties involved:
