



STATE OF MISSOURI
MISSOURI DIVISION OF PROFESSIONAL REGISTRATION
UNIFORM COMPLAINT REPORT

RETURN TO: MISSOURI STATE BOARD OF ACCOUNTANCY
 P.O. BOX 613
 JEFFERSON CITY, MO 65102

Missouri Statutes 575.060.1 - False declarations. A person commits the crime of making a false declaration if, with the purpose to mislead a public servant in the performance of his duty, he submits any written false statement, which he does not believe to be true.

COMPLAINT IS MADE AGAINST:

NAME (PERSON AND/OR COMPANY)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

TELEPHONE NUMBER	E-MAIL ADDRESS	CPA CERTIFICATE AND/OR LICENSE NUMBER (IF KNOWN)
------------------	----------------	--------------------------------------------------

COMPLAINT IS MADE BY:

NAME OF PERSON FILING COMPLAINT

ADDRESS (STREET, CITY, STATE, ZIP CODE)

TELEPHONE NUMBER	E-MAIL ADDRESS
------------------	----------------

DATE(S) OF ALLEGED VIOLATION

COMPLAINT DETAILS

GIVE THE FULL DETAILS OF YOUR COMPLAINT. INCLUDE COPIES OF DOCUMENTS, LETTERS OR OTHER EXHIBITS SUPPORTING THE COMPLAINT.

(This area is intentionally left blank for the complainant to provide details of the complaint and supporting documents.)

I authorize the Missouri State Board of Accountancy to provide copies of any and all documents, letters, or other exhibits I have provided with this complaint to the individual/entity this complaint is made against.

Yes No

If the Board is unable to provide copies to the individual/entity to which this complaint is about, it may hinder the Board's ability to complete an investigation.

I HEREBY AFFIRM THAT THE PRECEDING FACTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF PERSON MAKING COMPLAINT	DATE
--------------------------------------	------