



**CPA**

CHARTERED  
PROFESSIONAL  
ACCOUNTANTS  
NEW BRUNSWICK

## FILING A COMPLAINT FORM

### 1. Complainant Information:

Name, Given Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Member or Firm Information:

Name, Given Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. Information on the member's or the firm's relationship

a. What is your relationship with the member or the firm you are complaining about?

Client       Employee       Employer       Partner       Family member

Other (please specify): \_\_\_\_\_

b. Did you hire this member or firm?

Yes (If there are documents that show you hired the member or the firm please attach a copy, e.g. engagement letter(s), cheque(s) payable to the member or the firm, etc.)

- When was the member or the firm hired? \_\_\_\_\_

- What was the member or the firm hired to do? \_\_\_\_\_

- Is the matter completed?     Yes     No

- Is the member or the firm still working for you?     Yes     No

No

- Who did the member or the firm provide services to? \_\_\_\_\_

- How are you involved? \_\_\_\_\_

- c. What does the subject matter of your complaint relate to?
- Corporate Financial Statements                       Individual Taxation                       Corporate Taxation
- Client Service Issue                       Other (please specify): \_\_\_\_\_
- d. Does your complaint involve a matter currently before a court or other tribunal?
- Yes                       No

**4. Complaint Description:**

Please tell us about your complaint (if you require more space, please attach to outline):

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Please list the documents you are sending (do not send originals):

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**5. What do you hope will happen as a result of your complaint?** (If you require more space, please attach to outline):

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**6. Acknowledgement:**

I understand and agree that CPA New Brunswick may share with and provide copies of the information and/or documents that it receives from me and other parties to the member or the firm complained about. I understand that CPA New Brunswick may not be able to process my complaint without supporting documents. I have attached copies of documents that relate to my complaint.

Signature of Complainant: \_\_\_\_\_ Date signed: \_\_\_\_\_