

**STATE BOARD OF  
CERTIFIED PUBLIC ACCOUNTANTS  
OF LOUISIANA**



**Complaint Form**

The State Board of Certified Public Accountants of Louisiana regulates CPAs; the Board has no authority over non-CPAs, accountants or bookkeepers, unless they are using the CPA title or holding themselves out as a CPA. The Board is not empowered to resolve fee disputes, award damages, settle disputes over tax code interpretation, settle claims or give legal advice. The Board's jurisdiction extends to potential disciplinary actions only where violations of the Louisiana Accountancy Act or Board Rules occur. The Board can, for cause shown, revoke, suspend, refuse to renew, administratively penalize, reprimand or restrict the holder of a certificate or license, or refuse to issue any license to an applicant.

If you believe a Louisiana CPA, a CPA Firm or an unlicensed person holding themselves out as a CPA, has violated the Louisiana Accountancy Act or the Board Rules of Professional Conduct, you may file a complaint with the State Board of CPAs of Louisiana.

Please note the following:

- We will acknowledge your complaint after it is received but we may not contact you otherwise unless we need additional information. Please note that our investigations are confidential and we are unable to discuss the matter in detail.
- If your complaint is related to your tax records and/or source documents that you believe you are entitled to obtain, please be sure to list the exact documents you are trying to collect from your CPA.
- If you wish to send information to this Board anonymously, please do not fill out this form. Send your information to [sitemaster@cpaboard.state.la.us](mailto:sitemaster@cpaboard.state.la.us). If the Board opens a file relative to the information submitted, we will not be able to discuss the status of the investigation with you.

**1. COMPLAINANT CONTACT INFORMATION**

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Name:

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Address:

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City:

State:

Zip Code:

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Best Contact  
Number:

Email Address:

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**2. RESPONDENT CONTACT INFORMATION**

Please provide the following information for the CPA or CPA Firm involved. Complete a separate form if more than one CPA or CPA Firm is involved.

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Name:

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Firm:

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Address:

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Phone:

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3. **Have you attempted to resolve your concerns with the CPA?** Yes No
  
  4. **Was there a written agreement or engagement letter between you and the CPA?**  
Yes No **If yes, please attach a copy.**
  
  5. **Is there pending civil litigation relative to this complaint?** Yes No  
**If yes, please attach all relevant documents.**
  
  6. **Please provide a description (on a separate sheet of paper) of the nature of your complaint and/or the allegations of the way the CPA has harmed you and indicate the specific acts that you believe were done improperly. Please also describe the evidence that is available to support your claim, including the names and contact information for possible witnesses, if applicable. Please attach all relevant documents that you believe may be used as evidence in this matter, including, but not limited to: tax returns, financial statements, written correspondence, emails, etc...**
  
  7. **Send the completed form (and attach all relevant documents) to:**

State Board of CPAs of Louisiana  
Attn: Compliance Investigator  
601 Poydras Street, Suite 1770  
New Orleans, LA 70130

**CERTIFICATION OF COMPLAINT**

By signing below, you:

- Declare that the information contained in this complaint is true and accurate, to the best of your knowledge, and that any documents attached are true and accurate copies of the originals.
- Understand the Board will contact the person you are complaining about and summarize your complaint to afford them an opportunity to respond. The summary will include your name.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**YOU ARE ADVISED TO KEEP ALL DOCUMENTS THAT YOU COPIED AND SUBMITTED TO THE BOARD FOR YOUR RECORDS.**

If you have any questions relative to filing a complaint, please contact one of the Compliance Investigators at 504-566-1244.