

COMPLAINT FORM
STATE OF MARYLAND
DEPARTMENT OF LABOR, LICENSING AND REGULATION
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
BOARD OF INDIVIDUAL TAX PREPARERS
 500 NORTH CALVERT STREET, THIRD FLOOR - BALTIMORE, MARYLAND 21202-3651
 (410) 230 6244

DO NOT WRITE IN THIS SPACE
OFFICE RECORD

DATE RECEIVED _____
 BOARD _____
 COMPLAINT NO. _____
 REGISTRATION INFORMATION _____
 EXPIRATION DATE _____

TYPE OF COMPLAINT - PLEASE CHECK

- Tax Services
 Other _____

PLEASE BE ADVISED THAT BY FILING THIS COMPLAINT IT MAY BE NECESSARY FOR YOU TO APPEAR AT A FORMAL HEARING BEFORE THIS BOARD/COMMISSION OR IN CRIMINAL COURT.

1. YOUR NAME		LAST	
FIRST		MIDDLE INITIAL	
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP
HOME PHONE		WORK PHONE	
I CAN BE CONTACTED AT THE E-MAIL ADDRESS BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO			
E-MAIL ADDRESS			

2. COMPLAINT AGAINST			
TRADING AS			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP
PHONE		PAGER	
E-MAIL ADDRESS			

3. CONTRACT INFORMATION

Did you enter into an engagement agreement/contract? YES NO If "YES" was the contract Oral Written?
 With whom did you enter into the agreement? _____

(Give name of individual and/or company) _____

Did the person represent that he/she is a licensed CPA? YES NO

If the person indicated that he or she is a CPA, this complaint should be filed with the Maryland Board of Public Accountancy.

Date of contract (Month, Day, Year) _____ Amount of contract? _____

Did you pay for the services? YES NO If "YES" give amount \$ _____

4. Name of person who actually did the work or performed the service _____

Date the work was started _____ Last date work was performed _____
MONTH / DAY / YEAR MONTH / DAY / YEAR

Is there an arbitration clause in the contract? YES NO

5. Please give a detailed but concise explanation of your complaint in the order in which it occurred and attach copies of any supporting documents from the tax preparer (continue on a separate sheet if necessary. Type or print legibly.)

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

 (SIGNATURE OF COMPLAINANT)

 (DATE)

