



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Accountancy
124 Halsey Street, 6th Floor, P.O. Box 45000
Newark, New Jersey 07101
(973) 504-6380

Complaint Process

As a unit of the Division of Consumer Affairs, the New Jersey State Board of Accountancy (Board) takes its responsibilities seriously. A copy of the complaint will be forwarded to the licensee with a cover letter from the Board requiring a detailed written response to the allegations in the complaint. Once that response has been received, it will be reviewed and a disposition may be recommended. If the Board needs additional information, the licensee may be required to appear to answer questions concerning the matter.

Please be advised that any information you supply on the complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Board may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

The disposition of the matter may take several months. Please understand that the Board can only take formal action if it finds sufficient basis that the licensee violated State laws or regulations. If the Board determines that formal action is required, the matter will be referred to the office of the Attorney General. In that case, formal charges may be filed against the licensee and the licensee will be given an opportunity to defend himself or herself. This process can take a considerable period of time.

If the complaint involves a dispute over fees, please be advised that the Board has limited jurisdiction over fees charged by professionals. If the Board determines that there is insufficient basis to pursue disciplinary action, but determines that the matter involves a fee dispute, your complaint may be referred to the Alternative Dispute Resolution (ADR) Unit of the Division of Consumer Affairs. The ADR is a free mediation service that can be helpful in resolving such matters.

Until a final determination has been made, the Board is not permitted to disclose information regarding the matter. You will be notified in writing when a final determination has been made.



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Complaint Form

Please print clearly.

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Consumer Information

Complaint Reported Against

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____
(include area code)

FAX NUMBER: _____
(include area code)

E-MAIL ADDRESS: _____

DATE: _____

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

TITLE: _____
(include area code)

LICENSE NUMBER (IF KNOWN): _____

DATES OF TREATMENT/SERVICE:

FROM: _____ TO: _____

1. What is the relationship between the complainant and the consumer or patient?

- | | |
|---|---|
| <input type="checkbox"/> Self | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Son/Daughter |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Brother/Sister |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other (please specify) _____ |

2. Please provide the following information about the consumer or patient if he or she is someone other than the complainant.

Name: _____ Date of birth: _____
Month Day Year

Address: _____
Street address City State ZIP code

Home telephone number: _____ Work telephone number: _____
(include area code) (include area code)

7. Please describe any action taken to resolve this matter prior to contacting the Board. Please print clearly. You may use additional sheets of paper if they are needed.

All complaints must be accompanied by **readable copies** (NO ORIGINALS) of any complaint-related contracts, bills, receipts, canceled checks, correspondence or any other documents you feel are related to your complaint.

8. I certify that the statements made by me in this complaint are true and any documents attached are true copies. I am aware that if any statements made by me are willfully false, I am subject to punishment.

Signature*

Date

Return to:
Division of Consumer Affairs
New Jersey State Board of Accountancy
P.O. Box 45000
Newark, NJ 07101

* This certification must be signed by the person who has completed this form.