

**Complaint  
Form**

**Board of Accountancy  
Washington State**



**TYPE OF COMPLAINT**

- ☐ Audit and Attestation Services    ☐ Tax Services    ☐ Tax Errors    ☒ CPA Title Use  
☐ Unlicensed CPA Firm    ☐ Return of Client Records    ☐ Other

**YOUR CONTACT INFORMATION**

Full Name: Ronald J. Wright    Mailing Address (including city, state, zipcode, country):  
Daytime Phone: (951) 233-0710    3327 N. Indian Trail Rd., PMB 135  
Email Address: nar9350@gmail.com    Spokane, WA 99208

**LIST WHO YOU ARE FILING A COMPLAINT AGAINST**

Full Name: Gavin    Daytime Phone: (509) 625-6586  
Firm Name: Cooley, CFO    Certificate/License #: Exp 06-30-06  
Mailing Address: City of Spokane    Email Address: GCooley@SpokaneCity.org  
808 W. Spokane Falls Blvd.    UBI#, if known: \_\_\_\_\_  
Spokane, WA 99201

**GENERAL INFORMATION ABOUT THE COMPLAINT**

I have contacted the person(s) I'm complaining about to resolve this matter. ☐ Yes    ☒ No

I have contacted an attorney to assist in resolving this matter. ☐ Yes    ☒ No

Attorney's Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address (including city, state, zipcode):  
\_\_\_\_\_

List the names of all other agencies with whom you have or intend to file a complaint.  
\_\_\_\_\_

Have you previously filed complaints about this licensee(s) with the Board of Accountancy? ☐ Yes    ☒ No

If yes, please provide information as to when and what the complaint involved.  
\_\_\_\_\_  
\_\_\_\_\_

I am willing to testify under oath regarding the allegations in this complaint. ☒ Yes    ☐ No

If you are not willing to testify, state the reason(s) below.  
\_\_\_\_\_  
\_\_\_\_\_

### SPECIFIC INFORMATION ABOUT THE COMPLAINT

Include names, dates and other information you believe to be relevant to your complaint. Use additional sheets of paper if necessary. Please attach copies of all relevant documents that directly or indirectly relate to this complaint.

See "Affiant's Declaration" attached and incorporated herein by reference as

Attachment A.

### EVIDENCE SUPPORTING YOUR COMPLAINT

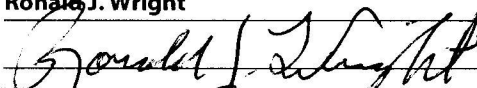
- ☐ Invoices    ☐ Reports    ☐ Tax Returns    ☐ Financial Statements    ☒ Correspondence  
☐ Contracts    ☐ Engagement letter    ☒ Other

### CERTIFICATION OF COMPLAINT

- ☒ I understand a copy of this complaint may be given to the person or firm that I have filed a complaint against. I (we), the complainant(s), certify that the above is true to the best of my (our) knowledge.

Print Name: **Ronald J. Wright**

Signature:



Date: **02-08-10**

**Mail to:** Washington State Board of Accountancy  
PO Box 9131, Olympia, WA, 98507-9131  
Physical Address: 711 South Capitol Way Suite 400, Olympia, WA, 98501

**Fax to:** (360) 664-9190

**Contact via phone:** (360) 753-2586

**Contact via email:** [investigations@cpaboard.wa.gov](mailto:investigations@cpaboard.wa.gov)

Print Form

Reset Form

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Disclosure Act, [Chapter 42.56 RCW](#). The information you submit to the Board may ultimately be subject to disclosure as a public record.

Revised October 2008