

REVIEW APPLICATION

In the matter of a request that the Council review the handling of a complaint by a designated body pursuant to section 22 of the *Public Accounting Act, 2004*

Applicant Information

Last name

First name

Address (street & number, unit, municipality, province)

Postal code

Phone no.

Fax no.

Applicant's Representative (if applicable)

Address (street & number, unit, municipality, province)

Postal code

Phone no.

Fax no.

Reasons for Review and Details

I hereby request that the Council conduct a review of the handling of a complaint by CPA Ontario pursuant to section 22 of the *Public Accounting Act, 2004*

Name and address of the Public Accountant(s) about whose conduct you complained:

Date of decision of the Investigating Committee: _____
(Attach copy of the decision)

Date of decision of the Independent Reviewer: _____
(Attach a copy of the decision)

