

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*

A. 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.

B. Designated Body Information

Check applicable Designated Body:

The Institute of Chartered Accountants of Ontario

Certified General Accountants of Ontario

REASONS FOR REVIEW AND DETAILS

I hereby request that the Council conduct a review of the handling of a complaint by _____ pursuant to section 22 of the *Public Accounting Act, 2004*
Name of designated body.

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

