

FILING A COMPLAINT

The Chiropractic Board is empowered by law to enact, interpret, and apply rules and regulations governing the conduct of individuals licensed under the State of Arkansas Chiropractic Practice Act.

- Any person or legal entity may file a complaint or report a violation to the board. Such complaints should be in writing (along with the ASBCE Uniform Complaint Form), and should state facts, which indicate possible misconduct by the licensee. The board may act on its own initiative if evidence of misconduct comes to the attention of the board.
- When filing a complaint give full details, which should include facts, details, and dates. Attach all billing document records, correspondence and contracts.
- Upon receiving a complaint a copy is forwarded to the Board investigation officer and the Boards appointed Assistant Attorney General for review.
- If the doctor is licensed by the Arkansas State Board of Chiropractic Examiners a letter is mailed to the doctor along with a copy of the complaint requesting a response within ten days. Upon receiving a letter of response from the doctor the investigation office and board attorney determine whether further investigation is warranted or whether an informal disposition may be attempted by settlement, consent, agreement, or for lack of sufficient probably cause.
- Upon completion of an investigation, the Board investigation officer and Board's Attorney determine whether a disciplinary hearing should be scheduled to resolve the issue.

The licensee has a right to a fair hearing. Procedures, which protect the licensee's rights, while allowing the board to conscientiously enforce its rules, are essential to an effective disciplinary environment.



Arkansas State Board of Chiropractic Examiners

101 East Capitol Ave., Suite 209, Little Rock, Arkansas 72201

P: (501) 682-9015 F: (501) 682-9016

www.arkansas.gov/asbce

ASBCE@arkansas.gov

UNIFORM COMPLAINT FORM

Please return to:

Arkansas State Board of Chiropractic Examiners
Attn: Complaint Dept.
101 E. Capitol Ave., Suite 209
Little Rock, AR 72201

Please Type or Print Clearly

Complainant's Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

SUBJECT OF COMPLAINT

Chiropractor's Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ County: _____

Work Phone: _____

BOARD OFFICE USE ONLY	
Complaint No.	_____
Date Entered:	_____

Have you contacted subject concerning complaint: ____ Yes ____ No

Witness(es) – Please provide full names and contact information:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

On separate page(s), type or write clearly details of your complaint. Include facts, details, and dates. Please attach all bill document(s), medical record(s), correspondence(s), contract(s), etc.

Complainant’s Signature: _____ Date: _____

Co-Complainant’s Signature: _____ Date: _____

Please have this form notarized by a Notary Public

Subscribed in my presence and sworn to before me, this the _____ day of _____, 20_____

State _____ County _____

(SEAL) Notary Public _____

My Commission Expires _____

Commission # _____

BOARD OFFICE USE ONLY
Complaint No. _____
Date Entered: _____