ARKANSAS DEPARTMENT OF
FINANCE AND ADMINISTRATION
PUBLIC COMPLAINT FORM

NOTE: Should you need assistance in completing this form, please contact the DFA Human Resources Section at (501) 324-9063.

NAME: _____

SOCIAL SECURITY OR DRIVER'S LICENSE NUMBER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OFFICE EMPLOYED/APPLYING: _____

HOME PHONE: ( ) _____ **WORK PHONE:** ( ) _____

DESCRIBE COMPLAINT IN DETAIL:

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(See back of form for additional space.)

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Signature of Complainant or his/her agent **Date**