



Mike Beebe
Governor

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD

Mailing Address:
PO Box 251965
Little Rock, AR 72225

Street Address:
2020 West Third, Suite 518
Little Rock, AR 72205

Ruthie Bain
Executive Director

Phone 501-372-5071
Fax 501-372-6301
Email: swlb@arkansas.gov
Website: arkansas.gov/swlb

COMPLAINT FORM

Name of the Complainant: _____

Address: _____

Telephone Number: _____

Social Worker Alleged in Complaint: _____

License Number (if known): _____

Nature of the Complaint: Please briefly describe the nature of the complaint and attach any available documentation that substantiates the complaint. If additional space is needed, use the back of this form.

Please list name and address of any witness(s) who can verify complaint. (Provide the witness form to the witness(s) for completion. The witness form must be filed with the Board within 20 days from the date that the complaint is filed.)

Signature of Complainant: _____ Date: _____

PLEASE NOTE: In accordance with Arkansas Law, this complaint will become public record upon appropriate filing and is subject to the Freedom of Information Act. A copy of this complaint will be mailed to the party complained against. The party complained against must submit a written response within twenty days. All parties will be notified of action taken after the investigation is completed. (Filing of this complaint constitutes a waiver of the privilege of confidentiality.)