Mike Beebe
Governor

STATE OF ARKANSAS
SOCIAL WORK LICENSING BOARD

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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.)

(Revised 07/09)