COMPLAINT FORM

Name of the Complainant: ________________________________________________________________

Address: ___________________________________________________________________________

Telephone Number(s): ___________________________________________________________________

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.

_____________________________________________________________________________________

_____________________________________________________________________________________

For the Board to take action, the conduct complained of must violate the Social Work Licensing Act or the Social Work Licensing Regulations. Please state the specific Law(s) or Rules(s) you allege the social worker violated. The Laws and Rules may be found at www.arkansas.gov/swlb.

_____________________________________________________________________________________

_____________________________________________________________________________________

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 3/2024)