



Arkansas Department of Health

Social Work Licensing Board

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Governor Asa Hutchinson

José Romero, MD, Secretary of Health

Ruthie Bain, Director

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 3/2022)