Arkansas Department of Health

Social Work Licensing Board
5800 West 10th, Suite 100, Little Rock, AR 72204 * (501) 372-5071 * Fax (501) 372-6301
Mailing Address: P. O. Box 251965, Little Rock, AR 72225
swlb@arkansas.gov * http://www.arkansas.gov/swlb/
Governor Asa Hutchinson
José Romero, MD, Secretary of Health
Ruthie Bain, Director

Witness Form

Name of Witness: _____

Address: _____

Telephone Number: _____

Name of Person Filing Complaint: _____

Name of Social Worker Alleged in Complaint: _____

Please describe briefly the facts of which you have knowledge regarding the complaint:

_____

_____

_____

_____

_____

_____

_____

Signature of Witness: _____ Date: _____

PLEASE NOTE: This form should be completed and mailed to the Board within 20 days from the date that the complaint is filed. In accordance with Arkansas Law, the complaint will become public record upon appropriate filing and is subject to the Freedom of Information Act. All parties will be notified of the action taken after investigation is completed.

(Revised 08/2020)