



Arkansas Department of Health

Social Work Licensing Board

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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 03/2022)