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

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 6/2020)