



ARKANSAS DEPARTMENT OF HEALTH / RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM

Complaint Form

501-661-2166 (Complaint Hotline)

Complainant Information (Person Reporting)

Name: _____

Complete Address: _____

Personal Phone _____ Work Phone _____

Licensee Information (Alleged Violator)

Name: _____

Address: _____

Personal Phone _____ Work Phone _____

Client-Patient Information (If Applicable)

Name: _____

Address: _____

Personal Phone _____ Work Phone _____

Complainant's Relationship to Client: _____

Is the client a minor? Yes No If Yes, supply age.

Supporting Documentation

Attach documentation such as canceled checks or receipts, charts, notes, records; also names, addresses and phone numbers of others who may have information about the alleged violations, etc.



Details of Complaint

Dates of Client-Patient/ Licensee Relationship From: _____ To: _____

Dates of Violations: _____

Details of Complaint: _____

State of Arkansas, County of _____ Signature of Complainant _____

Questions:
Direct questions to Radiologic Technologist Licensure Program
Phone: (501)661-2301
email address: radiation.administration@arkansas.gov

Mail your completed packet to:

ADH/RTL Program
Freeway Medical Building
5800 W. 10th Street, Suite 401
Little Rock, Arkansas 72204