



# Arkansas Department of Health

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## Social Work Licensing Board

5800 West 10<sup>th</sup>, Suite 100, Little Rock, AR 72204 \* (501) 372-5071 \* Fax (501) 372-6301  
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Governor Asa Hutchison  
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)