



Arkansas Department of Health
Arkansas State Board of Athletic Training

4815 W. Markham ST., Slot 73 • Little Rock, AR 72205-3867
(501) 683-4076 • aratb@arkansas.gov

OFFICIAL COMPLAINT FORM

Please print or type the following information and return to the address above.

Person Registering Complaint

Anonymous complaints will not be accepted

First Name: _____ Last Name: _____

Address: _____

E-mail: _____ Phone Number: _____

Are you a licensee? Yes: _____ No: _____ If yes, your license number: _____

Is this complaint being filed on behalf of any agency or employer? If yes, explain below.

Yes: _____ No: _____

Person Complaint Is Being Registered Against

First Name: _____ Last Name: _____

Place of Employment: _____ License #: _____

Address (If known): _____

City: _____ State: _____ Zip: _____

Phone Number (If known): _____

Any Other Person(s) With Firsthand Knowledge Of Your Complaint

First Name: _____ Last Name: _____

Address (If known): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Have you reported this complaint to any other regulatory authority? Yes: _____ No: _____

If yes, name of other regulatory agency(s): _____

Basis Of Complaint

Please give a complete statement of facts regarding the violation, including specific details such as names of people involved, dates, location, particulars about the alleged violation(s), and any other pertinent facts including any supporting documents. If more space is needed, please attach additional paper.

Print Name: _____

Signature: _____ **Date:** _____

I ATTEST THAT ALL STATEMENTS MADE BY ME IN RELATION TO THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.