



Arkansas Department of Health

Arkansas Board of Examiners in Speech—Language Pathology and Audiology
4815 West Markham Street, Slot 72 • Little Rock, Arkansas 72205
Office: (501) 537-9151 • Fax: (501) 682-9181 • Email: abespa@arkansas.gov

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

City State Zip

Email 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

Address if know

City State Zip

Phone Number

Any other person(s) with firsthand knowledge of your complaint

First Name Last Name

Address

City State Zip

Email Phone Number

Have you reported this complaint to the American Speech-Language Hearing Association (ASHA)?

Yes No

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.

Signature