

ARKANSAS BOARD OF EXAMINERS IN  
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY  
101 EAST CAPITOL, SUITE 211  
LITTLE ROCK, AR 72201  
Phone-501/682-9180  
Fax-501/682-9181

**COMPLAINT**

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

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
(Your Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Home Phone Number)

May we contact you at your place of employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide phone #: \_\_\_\_\_

Are you licensed by this board? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, your license # \_\_\_\_\_

Area of Complaint: Speech-Language Pathology \_\_\_\_\_ Audiology \_\_\_\_\_

Name of Licensed Speech-Language Pathologist(s) and/or Audiologist(s) Charged with Complaint  
(attach extra sheet if more than one):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Place of Employment including address, if known)

\_\_\_\_\_  
(Phone Number[s], if known)

**For Board Use Only**

Date Received: \_\_\_\_\_ Complaint #: \_\_\_\_\_

Other Person(s) with firsthand knowledge of your complaint:  
(Attach additional sheet, if necessary)

Name \_\_\_\_\_

Address \_\_\_\_\_  
(mailing address) (city, state, zip)

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Have you reported this complaint to the American Speech & Hearing Assoc. (ASHA)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you reported this complaint to any other regulatory authority? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of other regulatory agency(s):

\_\_\_\_\_  
\_\_\_\_\_

**Be sure to complete the “Basis of Complaint” and add your signature.**

