



**ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY**  
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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