



ARKANSAS BOARD EXAMINERS FOR SPEECH –LANGUAGE PATHOLOGY AND AUDIOLOGY

4815 West Markham Street, Slot 72

Little Rock, Arkansas 72205

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Website: www.abespa.com • 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
