Filing a Complaint

Complete as much of the information on the complaint forms, pages 1 – 3, as possible. The form must be signed & notarized. Supply your current mailing address and telephone number(s).

1. Provide as much information as possible about the circumstances leading to the filing of this complaint.

2. Information about Board complaint procedures may be found by clicking the ‘Rules & Regulations’ section on the home page of the board's website: https://abec.statesolutions.us.


4. Click the 2014 AAC Ethics link on the home page of the web to view the Ethics for Licensed Professional Counselors and Licensed Associate Counselors.

5. Click the 2015 AAMFT Ethics link on the home page of the web to view the ethics for Licensed Marriage & Family Therapists and Licensed Associate Marriage & Family Therapists.

6. Contact the Arkansas Board of Examiners in Counseling for additional information using the Contact form on the website.
Arkansas Board of Examiners
In Counseling and Marriage & Family Therapy

Complaint Form

Date: ________________

**Your Information:**

Name: _______________________________________________________________________

Address: ______________________________________________________________________

City: ____________________________ State: _________________ Zip: _________________

Home Ph: _________________ Cell Ph: _________________ Work Ph: _________________

Email: __________________________ Preferred: ____________________________

**Licensee Information:**

LAC _____  LPC _____  LAMFT _____  LMFT _____  License # _____________________

Name of Practitioner: __________________________________________________________

Address: ______________________________________________________________________

City: ____________________________ State: _________________ Zip: _________________

Business/ Employer Name: _____________________________________________________

Address: ______________________________________________________________________

City: ____________________________ State: _________________ Zip: _________________

Title or Degree: __________________ Other License/Degree: _________________________

**Complainants Relationship to Licensee:**


Other, please explain: ______________________________________________________________________

______________________________________________________________________________

[Rev. Nov, 2017]
If ‘Client’, please list:

Date when the therapeutic relationship began: ________________________________________

Date when problems began: _______________________________________________________

Date when therapeutic relationship was terminated: ________________________________

Below are the grounds upon which a practitioner licensed by this Board (LAC, LPC, LAMFT, LMFT) may be disciplined:

Conviction of felony: __________ Violation of Code of Ethics: _________

Substance Abuse: __________ Boundary Violations: ______________

Fraud/Deception: __________ Misuse of License: ______________

Professional Incompetence: _____ Violation of A.C.A. 17-27-101 et seq. _______

Other (Explain): ________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Briefly explain your reason for filing this complaint: __________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

[Rev. Nov, 2017]
If the Board decides a hearing must be held, would you be willing to testify in front of a formal panel?   Yes _____   No _____

If yes, do you understand that you must be cross-examined by attorneys?   Yes _____   No _____

Do you understand that any other germane documents can be subpoenaed by the Board?   Yes _____   No _____

Do you understand that hearings are ordinarily held at the AG office in Little Rock?   Yes _____   No _____

Are you willing to provide an authorization for the release of confidential information which will allow the licensee to disclose information to this Board regarding your counseling relationship?   Yes _____   No _____

If the complaint involves an underage (minor) child, do you have the custodial authority to provide an authorization for the release of confidential information for this child?   Yes _____   No _____

I swear/affirm that the statements contained herein (and on any attached/appended documents) are true in every aspect and that I did not misrepresent any information contained in any of these documents.

Signature: ____________________________________________ Date: ______________

Please mail this form and submit any additional documentation by U.S. mail to:

Arkansas Board of Examiners in Counseling
101 East Capitol, Suite 202
Little Rock, AR  72201

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