

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>.
3. Rules for Act 593 of 1979 and Act 244 of 1997. View Rules, Section 8.1.
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:

Client: _____ Parent/Guardian: _____ Co-Professional: _____ Employer: _____ Supervisor: _____

Other, please explain: _____

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: _____

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**