

Arkansas Board of Examiners
In Counseling and Marriage & Family Therapy

Complaint Form

Date: _____

Your Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone Number: _____ Email: _____

Preferred Contact Method: _____

Information Regarding Licensee Subject to Complaint:

LAC _____ LPC _____ LAMFT _____ LMFT _____ License # _____

Name of Licensee: _____

Business/ Employer Name: _____

Phone Number: _____

City: _____ State: _____ Zip: _____

Nature of Relationship to Licensee:

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

Other, please explain: _____

Nature of Complaint Against Licensee:

Date or approximate time when the problem began:

Date or approximate time when the problem ended (if ongoing indicate "current"):

Please attach a brief explanation of your specific complaint against the licensee. Clearly state your reason for filing a complaint. Please indicate specifically any actions or behaviors directly connected to the licensee that you believe violated applicable code(s) of ethics or licensure rules/codes. Attach additional information or documentation if applicable.

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: _____

Thank you for notifying the Board of your concerns regarding this licensee. The Board takes seriously the welfare of all residents of Arkansas. You will be notified in a reasonable amount of time regarding this complaint. It is important you understand that you may be contacted by Board staff and/or an investigator requesting clarification and/or additional information regarding the nature of this complaint.

Please submit this form and any additional documentation available to:

**Arkansas Board of Examiners in Counseling
101 East Capitol, Suite 202
Little Rock, AR 72201
arboec@arkansas.gov**