



# Arkansas Department of Health

## Arkansas Psychology Board

101 E. Capitol Avenue, Suite 415 • Little Rock, Arkansas 72201 • (501) 682-6167 • Fax: (501) 682-6165  
APB.Info@Arkansas.gov • psychologyboard.Arkansas.gov

Governor Asa Hutchinson

José Romero, MD, Secretary of Health

## Complaint Form

*Please Type or Print*

Date: \_\_\_\_\_

### Complainant Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone – Daytime: \_\_\_\_\_ Phone - Evening: \_\_\_\_\_

### Psychologist/Psychological Examiner Information

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Business Name/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**I declare and verify under penalty of perjury and the laws of Arkansas that all of the information herein is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Date**

Please type or print your allegation on a separate sheet(s) and include all attachments with this form. Please state in your own words the allegations of fact naming the psychologist or psychological examiner against whom the complaint is filed. Please include dates of appointments, meetings, etc. If you have reviewed the applicable ethical principles and standards, please indicate which specific sections you believe were violated by any facts you recite. If you have any documents (such as reports, billing records, etc.) that are pertinent to your complaint, please include them when you return this form.

**ATTENTION:** Please be advised that any documents you submit to the Board, including this complaint and any information you include with the complaint, may be considered a “public record” under the Arkansas Freedom of Information Act. With certain exceptions provided by law, all public records are open to inspection and copying by any citizen of the State of Arkansas.

Once the Board receives your complaint, it will be sent to the Respondent, who will be given thirty (30) days in which to respond. Once the Board office has received the Respondent’s response, the Board’s Complaints Screening Committee will review the matter. Any necessary investigation will be conducted, at that time, by the Board’s Investigator. Once all inquiries for clarification (initial and/or additional) are submitted, the Screening Committee will make recommendations to the Full Board regarding whether it appears there is enough evidence to believe that a violation has occurred and, if so, what sanctions are appropriate under the circumstances.

The Board’s potential proceedings can range from: dismissal of the case due to lack of violation or for other reasons; negotiation of a Consent Order involving specified sanctions (only determined by APB); or a public hearing before the Board for consideration of alleged violation(s) and determined sanctions to be imposed. **If the matter proceeds to a hearing, you may be required to testify.**

Please make sure that the Arkansas Psychology Board has all of your correct contact information including address, email, and phone number(s).

Return this form and attachments to:

**Arkansas Psychology Board**  
**ATTN: Complaints**  
**101 E. Capitol Ave., Ste. 415**  
**Little Rock, AR 72201**  
**Email: [APB.info@arkansas.gov](mailto:APB.info@arkansas.gov)**