COMPLAINT FORM

COMPLAINING PARTY

1. Name______________________________________________
   Address______________________________________________
   City________________________State_________________
   Zip Code________________________Phone_________________

PARTY OR COMPANY SUBJECT TO COMPLAINT

2. Name______________________________________________
   Company______________________________________________
   Address______________________________________________
   City________________________State_________________
   Zip Code________________________Phone_________________

   Bondsman Involved________________________Occurrence date_________

3. Explain below the facts of your problem or complaint. Also please attach copies of any documentation you have regarding the matter.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Attach additional sheets if necessary. The affidavit below must be signed by you, under penalty of perjury, and notarized.

**AFFIDAVIT**

I, the undersigned, do hereby swear and affirm, under penalty of perjury, that the facts of my complaint, as well as any evidence and documentation is support thereof, are true and accurate to the best of my knowledge.

_________________________  _____________________________________________
Date                                                   Signature

STATE OF ARKANSAS    )
COUNTY OF_______________ )SS

Subscribed and sworn to before me on this_____day of ____, 20___

____________________________
Notary Public

MY COMMISSION EXPIRES:

__________________________

Send this form to: Director
Professional Bail Bondsman Licensing Board
900 West Capitol, Suite 400
Little Rock, Arkansas 72201
Telephone: (501) 682-9050