

APPENDIX G

**ARKANSAS PROFESSIONAL BAIL
BOND LICENSING BOARD**

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.

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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 in support thereof, are true and accurate to the best of my knowledge.

Date

Signature

STATE OF ARKANSAS)

)SS

COUNTY OF _____)

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