Arkansas Home Inspector Registration Board

900 W. Capitol Ave. Ste. 400
Little Rock, AR 72201
PH: (501) 683-3710
EMAIL: ahib@arkansas.gov - WEBSITE: www.ahirb.org

Complaint Regarding A Person Holding Himself Out As A Home Inspector Who Is Not Believed To Be Properly Registered

A. Person Filing This Complaint:
Name (Print) : ______________________________________________________________________________________________
Address: __________________________________________________________________________________________________
City: _____________________________________ State: ___ Zip Code:__________ eMail Address: _______________________________
Telephone: (_____) ______________

☐ A personal complaint ☐ Complaint from a public official (Office: ____________________________)

B. Person Against Whom Complaint Is Lodged: (Include all known information. If not known, enter “Unknown”)
Name (Print) : ______________________________________________________________________________________________
Address: __________________________________________________________________________________________________
City: _____________________________________ State: ___ Zip Code:__________ eMail Address: _______________________________
Telephone: (_____) ______________
Company and address: ___________________________________________________________________________________________
City: _____________________________________ State: ___ Zip Code:__________ eMail Address: _______________________________

How did you learn about this inspector? Please Circle One: Website Search Real Estate Agent Family Friend Other

If by website, please list the website address: _____________________________________________________________________________

If by referral, please list their name and phone number: __________________________________________________________________________

C. Your Complaint: Include all facts as known to you. If you have received information from other persons, include their names, Addresses, telephone numbers, and email address. Add additional sheets, if needed to provide complete information.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
I swear and affirm that the information provided above is true and accurate to the best of my knowledge.

(Person filing complaint) ____________________________ Date ________________

Affidavit: ____________________________

State of ____________________________ County of ____________________________

Subscribed and sworn to before me, a Notary Public, this _____ day

of ________________, 20__. My commission expires: __________________

Signature of Notary Public: ____________________________