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.

   Narrative__________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________
   ____________________________________________________

APPENDIX G
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  )
)SS
COUNTY OF_______________________ )

Subscribed and sworn to before me on this_____day of______, 20____

\ _______________________________
Notary Public

MY COMMISSION EXPIRES:

_________________________

Send this form to:

**Executive Director**

**Randy Murray**
Professional Bail Bondsman Licensing Board
900 West Capitol Suite 400
Little Rock, Arkansas 72201
Telephone:  (501) 682-9050