

**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.

Narrative \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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        )	)
COUNTY OF _____)	)SS

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\	_____
	Notary Public

MY COMMISSION EXPIRES:  
\_\_\_\_\_

Send this form to:

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

