

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 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:

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

