



ARKANSAS AUCTIONEERS LICENSING BOARD

900 West Capitol Ave. Ste. 400

LITTLE ROCK, AR 72201

(501) 682-1156

kelli.black@arkansas.gov

COMPLAINT

DATE

(YOUR NAME)

(AUCTIONEER)

(STREET ADDRESS)

(STREET ADDRESS)

(CITY, STATE, ZIP)

(CITY, STATE, ZIP)

(HOME TELEPHONE NUMBER)

(HOME TELEPHONE NUMBER)

Please provide the following information to enable our investigator to contact you concerning your complaint, if a personal interview becomes necessary.

NAME OF YOUR EMPLOYER _____

EMPLOYER'S ADDRESS _____
(STREET ADDRESS) (CITY, STATE, ZIP)

YOUR BUSINESS PHONE _____

By accepting any reimbursement from the Arkansas Auctioneers Licensing Board Recovery Fund for the losses I have claimed in this Complaint, I hereby agree that the Board shall be subrogated to all of my rights and claims against the auctioneer/respondent named above to the extent of reimbursement.

FOR BOARD USE ONLY:

COMPLAINT # _____ ASSIGNED _____ HEARING _____

ACTION _____

Other person(s) with firsthand knowledge of your complaint:

NAME _____

ADDRESS _____
(STREET ADDRESS) (CITY, STATE, ZIP)

HOME PHONE _____ BUSINESS PHONE _____

(Attach an additional sheet if necessary)

Have you consulted an attorney? YES _____ NO _____

If YES, please provide the following:

NAME OF ATTORNEY _____

ADDRESS _____
(STREET ADDRESS) (CITY, STATE, ZIP)

PHONE _____

Are you licensed by this State Board? YES _____ NO _____

If YES, give license number _____

I UNDERSTAND BY FILING THIS COMPLAINT THAT THIS COMPLAINT MAY RESULT IN A HEARING BEFORE THE BOARD. I UNDERSTAND I WILL BE REQUIRED TO APPEAR BEFORE THE BOARD TO TESTIFY IN THE EVENT OF A HEARING.

YOUR SIGNATURE _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, personally appeared before me the complainant name in the foregoing complaint who, on oath, says that the facts above stated are true to the best of his (or her) information and belief.

Witness my hand and seal at _____, this date.

NOTARY PUBLIC

My Commission Expires:
