



STATE BOARD OF COLLECTION AGENCIES

Arkansas Department of Labor and Licensing
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labor.arkansas.gov/licensing | asklabor@arkansas.gov

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COMPLAINT FORM

If you feel that a collection agency has treated you unfairly or has violated the law, you may file a complaint with the State Board of Collection Agencies. We will review your complaint, contact the collection agency, and try to resolve your problem. Please complete the sections below:

INFORMATION ABOUT YOU

Today's Date	
Your Name	
Mailing Address	
City, State, Zip Code	
Phone Number(s)	
E-mail Address	

INFORMATION ABOUT THE COLLECTION AGENCY

Name of Agency	
Name of Individual Collector	
Address	
City, State, Zip Code	
Phone Number	
Case # / Account # / Reference #	
When Did the Incident Occur?	
Where Did the Incident Occur?	
List Any Supporting Documents	

STATEMENT OF FACTS. WHAT IS THE PROBLEM? Fully explain your encounter with the collection agency giving dates, places, amounts and account numbers so that we may investigate your complaint. Although we may not be able to prove that the abuse took place, we are usually able to get relief for consumers. Our office will contact you after our investigation.

Please sign and date below. You may return this form to our office by mail, email, or fax (see contact info at top of page). Be sure to include any supporting materials or documentation.

I hereby swear or affirm that the above information is true and correct.

Signature		Date	
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