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_____

_____

_____

_____

_____

Cont.

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