



ARKANSAS AUCTIONEERS LICENSING BOARD
900 West Capitol Ave. Ste. 400
LITTLE ROCK, AR 72201
(501) 682-1156
kelli.black@arkansas.gov

COMPLAINT FORM

DATE

(YOUR NAME)

(Auctioneer)

(STREET ADDRESS)

(STREET ADDRESS)

(CITY, STATE, ZIP)

(CITY, STATE, ZIP)

(PHONE NUMBER)

(PHONE NUMBER)

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

Good contact number: _____

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.

Complaints are subject to disclosure under FOIA.

BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. You should retain copies.)

[illegible]

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

(Attach an additional sheet if necessary)

Name _____

Contact information _____

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

YOUR SIGNATURE _____