

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.

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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 in 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
Professional Bail Bondsman Licensing Board
101 East Capitol, Suite 117
Little Rock, Arkansas 72201
Telephone: (501) 682-9050