



Arkansas Psychology Board

101 East Capitol Avenue, Suite 415, Little Rock, AR, 72201
Phone (501) 682-6167; Fax (501) 682-6165
www.psychologyboard.arkansas.gov
Email: APBinfo@arkansas.gov

Arkansas Psychology Board Complaint Form *Please Type or Print*

Date: _____

Complainant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Daytime: _____ Phone – Evening: _____

Email: _____

Psychologist/Psychological Examiner Information

Name: _____ License Number: _____

Business Name/Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Please type or print your allegation on a separate sheet(s) and include all attachments with this form. Please state in your own words the allegations of fact naming the psychologist or psychological examiner against whom the complaint is filed. Please include dates of appointments, meetings, etc. If you have reviewed the applicable ethical principles and standards, please indicate which specific sections you believe were violated by any facts you recite. If you have any documents (such as reports, billing records, etc.) that are pertinent to your complaint, please include them when you return this form. Return this form and attachments to:

Arkansas Psychology Board
ATTN: Complaints
101 E. Capitol Ave., Ste. 415
Little Rock, AR 72201

