

**ARKANSAS PROFESSIONAL BAIL BOND  
LICENSING BOARD**

(STATE  
SEAL)

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 information you have regarding the matter.

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Send this form to:

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