



ARKANSAS DIETETICS LICENSING BOARD

P.O. BOX 1016
NORTH LITTLE ROCK, AR 72115
(501) 580-9294
Fax (501)-843-0878
www.ardieteticslicbrd.net
arkansasdiet@earthlink.net

COMPLAINT FORM

Instructions: Please state clearly and specifically all allegations against person(s) named below. On a separate page list specific date(s), full name(s) of all involved, and a statement describing each incident. Attach copies of any documents you have concerning the allegation. Please complete both pages of this form.

PLEASE TYPE OR PRINT

1. PERSON MAKING ALLEGATION:

Name _____

Address _____
Street City State Zip code

Home Phone _____ Work Phone _____

2. PERSON(S) AGAINST WHOM ALLEGATION IS MADE:

Name and Title _____

Place of Employment and position _____

Address _____
Street City State Zip code

Work phone _____

I acknowledge that the Arkansas Dietetics Licensing Board may provide a copy of this form to the above named person(s) against whom this allegation is made.

I agree to testify in any hearing which may arise as a result of this allegation. The statements I have made are true and correct to the best of my knowledge and belief.

DATE _____ SIGNED _____

RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize all hospitals, institutions, dietitians, physicians, clinics, employers (past and present), laboratories, insurance companies, and/or all government agencies to release to the Arkansas Dietetics Licensing Board or its representatives any and all information, records, files or documents in whatever form pertaining to information in their possession or control. A copy of this release may be used by the Board in place of the original.

Type or Print Patient/Client Name

Parent/Guardian if Applicable

Signature

Date

Date

BOARD USE ONLY – DO NOT WRITE BELOW THIS LINE

TO: _____

ADDRESS: _____

CITY, STATE, ZIP _____

Please submit copies of all records indicated below regarding the above release of information authorization. Thank you.

_____ Consultation _____ History

_____ Progress Notes _____ Laboratory/Pathology Reports

_____ Clinical Findings _____ Orders/Recommendations

_____ Other _____

Please send information to:

Arkansas Dietetics Licensing Board
P.O. Box 1016
North Little Rock, AR 72115