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

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
_____Progress Notes
_____Clinical Findings
_____History
_____Laboratory/Pathology Reports
_____Orders/Recommendations

_____
Other_____
_____
_____
_____

Please send information to:

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