



ARKANSAS DEPARTMENT OF HEALTH / RADIOLOGIC TECHNOLOGY LICENSURE PROGRAM
Complaint Form

501-661-2166 (Complaint Hotline)

Complainant Information (Person Reporting)

Name: _____

Complete Address: _____

Personal Phone _____ Work Phone _____

Technologist and/or Facility

Name: _____

Address: _____

Personal Phone _____ Work Phone _____

Client-Patient Information (If Applicable)

Name: _____

Address: _____

Personal Phone _____ Work Phone _____

Complainant's Relationship to Client: _____

Is the client a minor? Yes No If Yes, supply age.

Supporting Documentation

Attach documentation such as canceled checks or receipts, charts, notes, records; also names, addresses and phone numbers of others who may have information about the alleged violations, etc.

