ARKANSAS STATE BOARD OF COLLECTION AGENCIES

523 South Louisiana Street, Suite 460 Little Rock, Arkansas 72201 (501) 376-9814 Phone Number (501) 372-5383 Fax Number

COMPLAINT FORM

If you feel that a collection agency has treated you unfairly or has violated the law, you may file a complaint with the State Board of Collection Agencies. We will review your complaint, contact the collection agency and try to resolve your problem. Here is the information we need to investigate a complaint:

Signature

INFORMATION ABOUT YOU:		
Today's Date		
Your Name		
Mailing Address		
City, State, Zip Code		
Phone Number(s)		
E-mail Address		
INFORMATION ABOU	T THE COLL	ECTION AGENCY:
Name of Agency		
Name of Individual Coll	ector	
Address		
City, State, Zip Code		
Phone Number		
Case # / Account # / Reference #		
When Did the Incident Occur?		
Where Did the Incident Occur?		
List Any Supporting Documents		
agency giving dates, pla Although we may not be	aces, amount e able to prov	IS THE PROBLEM? Fully explain your encounter with the collection ts and account numbers so that we may investigate your complaint. We that the abuse took place, we are usually able to get relief for you after our investigation.
**Please print this form. Sign and date the form below. Then mail or fax it to our office. Our office address and fax number information is listed above in the letterhead.		
I hereby swear or affirm that the above information is true and correct.		

Date