



# Arkansas Department of Health

**Arkansas State Board of Athletic Training**  
4815 W. Markham St., Box 73 • Little Rock, AR 72205-3867  
(501) 683-4076 • aratb@arkansas.gov • www.aratb.org  
**Governor Asa Hutchinson**  
**Jose' Romero, MD, Secretary of Health**

## MEMORANDUM OF COMPLAINT

Please type or print legibly and return to the above address.

Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Name and Address of the Athletic Trainer \_\_\_\_\_

1. Please provide a chronological statement of your complaint, including dates. If more space is needed, please attach additional paper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list names, addresses, and telephone numbers of witnesses, including other professionals, on a separate sheet of paper and attach to your complaint.

\_\_\_\_\_  
\_\_\_\_\_

3. Please attach copies of all documents relevant to your complaint such as letters and other correspondence, contracts, witness statements, and drawings.

I ATTEST THAT ALL STATEMENTS MADE BY ME IN RELATION TO THIS COMPLAINT ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_