



# Minnesota Board of Barber Examiners

University Park Plaza Building  
2829 University Avenue South East; Suite 425  
Minneapolis, MN 55414

Office telephone: 651-201-2820 Office Fax: 612-617-2248  
Office e-mail: bbe.board@state.mn.us Board Website: www.barbers.state.mn.us

## Complaint Form Instructions

- The BBE cannot process anonymous complaints; this entire form must be filled out completely.
- Complete the section below with current address and phone numbers.
- Authorization to Release Information must be signed.
- In your statement of complaint, please include names, dates, times, witnesses, contact information for witnesses or any other relevant details and information
- Attach additional sheets if necessary.
- Attach any additional documentation.

### COMPLAINANT

Full Name of Person Filing Complaint

\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Registration (license) Number (If applicable)

\_\_\_\_\_

### RESPONDENT

(Person or establishment complaint is about)

Name of Shop, School or Individual

\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Registration (license) Number (If applicable)

\_\_\_\_\_

*This document is available in alternative formats to individuals with disabilities by calling 651-201-2820 or through the Minnesota Relay Service at 1-800-627-3529.*

An Affirmative Action/Equal Opportunity Employer

## AUTHORIZATION TO RELEASE INFORMATION

**YES, I Authorize the Release of Information**

**I hereby authorize** the Minnesota Board of Barber Examiners (“Board”) to provide a copy of my *Statement of Compliant* (including my name), a summary of its contents, and any documentation I provided in support of my *Statement of Complaint*, at the Board’s discretion, to \_\_\_\_\_ (Respondent), who is the subject of my compliant. I also hereby authorize the Board to release this information to a third party in the course of the Board’s investigation of my complaint. **I understand that I am not legally required to sign this form.** The purpose of this authorization is to facilitate the investigation of my complaint. I am willing to appear as a witness at a hearing if the Board determines there is a cause to warrant disciplinary action against the Respondent.

This authorization expires one year from this date.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Printed name of Complainant

\_\_\_\_\_  
Date

**NO, I Decline to Authorize the Release of Information**

**I hereby decline to authorize** the release of my *Statement of Complaint*, a summary of its contents, my name, or any documentation I provided in support of my statement to the Respondent. I understand that if I do not want my *Statement of Complaint*, a summary of its contents, my name, and any documentation I provided in support of my statement released to the person or business against whom my complaint is filed, or if I do not want to be called as a witness at a disciplinary hearing against the Respondent, then the Board may dismiss the complaint.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Printed name of Complainant

\_\_\_\_\_  
Date

File #:

