

Complaint Form

Complainant

Full Name of Person Filing Complaint

Street Address

City

State _____ Zip _____

Phone Number _____

Email _____

Respondent (Person or Establishment complaint is about)

Name of Salon, School or Individual

Street Address

City

State _____ Zip _____

License Number (if applicable) _____

Complaint Form Instructions

- The Board of Cosmetology cannot process anonymous complaints. This entire form must be filled out completely in order for Board staff to process the complaint.
- Complete the sections above with current addresses and phone numbers for both parties.
- In your Statement of Complaint, please include names, dates, times, any witness information including contact information, and any other information you think may be relevant.
- Attach any additional documentation to support your complaint.
- This form may be filled out electronically however, you must sign below to authorize the release of information, and you must sign the Statement of Complaint on page 2 before mailing, emailing or faxing to the Board.

YES, I Authorize the Release of Information

I hereby authorize the Minnesota Board of Cosmetology ("Board") to provide a copy of my *Statement of Complaint* (including my name), a summary of its contents, and any documentation I provide in support of my *Statement of Complaint*, at the Board's discretion, to the Respondent listed above, who is the subject of my complaint. 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 cause to warrant disciplinary action against the Respondent.

This authorization expires one year after this date.

Signature

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, and any documentation I provide in support of my *Statement of Complaint* 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 provide in support of my *Statement of Complaint* released to the person and 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 Respondent, **then the Board may dismiss the complaint.**

Signature

Date

