

Complaint Form Instructions

- 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.

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File #:

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AUTHORIZATION TO RELEASE INFORMATION

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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 Complaint* (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 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 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

The BBE will accept a typed and signed statement of complaint as long as pages 1 and 2 of the complaint form are included.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

Signature of complainant

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