

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

File #:

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 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

