

**Board Members**

Teresa Whitman, President  
Leisa McElreath, Vice President  
Shelley Harsin, Secretary  
Dorothy Ennis, Member  
Waylon Garrett, Member

Cynthia Johnson, Executive Director

**COMPLAINT FORM**

**PLEASE NOTE:** One of the principal duties of the Mississippi State Board of Cosmetology is to investigate any alleged violations of the Cosmetology Laws of the State of Mississippi, Title 73, Code of 1972, and violations of the Rules and Regulations of the Board.

The Board will not complete an investigation without the receipt of a written complaint, verified and sworn to under oath.

**IT IS A CRIME TO KNOWINGLY FILE A FALSE STATEMENT UNDER OATH.**

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State of Mississippi  
County of \_\_\_\_\_

**COMPLAINT**

I hereby affirm under oath, the following:

1. My name is \_\_\_\_\_
2. My address is \_\_\_\_\_
3. My telephone numbers are \_\_\_\_\_
4. My complaint is against \_\_\_\_\_
5. Their address is \_\_\_\_\_  
\_\_\_\_\_
6. Their telephone number is \_\_\_\_\_

**COMPLAINT**

7. My grievance is as follows (supplemental sheets may be attached is needed):

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8. I realize that this Complaint is a public record that may be released.

9. I realize that my name may be released to the accused.

10. I realize that I may be required to testify in any hearing(s) or other proceeding(s) that may result.

\_\_\_\_\_  
COMPLAINANT

SWORN TO, SUBSCRIBED AND VERIFIED before me under oath, this the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

My Commission Expires:\_\_\_\_\_

**MISSISSIPPI STATE BOARD OF COSMETOLOGY**

**AUTHORITY TO RELEASE/OBTAIN INFORMATION**

I, \_\_\_\_\_, hereby authorized the Mississippi State Board of Cosmetology to take the following actions:

1. Talk to anyone who can provide information pertaining to my complaint;
2. Access and review any and all information regarding me and my complaint.

I understand that this consent will expire twelve months from the date of my signature, and cannot be renewed without my written consent.

\_\_\_\_\_  
(Signature of Complaint) (Date)

\_\_\_\_\_  
(Signature of Legal Guardian, if necessary) (Date)

\_\_\_\_\_  
(Signature of Witness) (Date)

Complainant identifying data: \_\_\_\_\_  
(Last Name) (First & Middle Names)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Maiden Name) (Sex) (Birth Date)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street or R.R.#) City County

\_\_\_\_\_  
(State, Zip)

**MISSISSIPPI STATE BOARD OF COSMETOLOGY**

**CONSENT TO TESTIFY FORM**

I, \_\_\_\_\_, hereby consent and bind myself to appear before the Mississippi State Board of Cosmetology and any court of law to testify to the complainant allegations, and I understand that the information becomes public record once filed with the Board, and the investigation is over.

\_\_\_\_\_  
(Complainant Signature) (Date)

Complainant identifying data: \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First & Middle Names)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Maiden Name) (Sex) (Birth Date) (Social Security Number)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Street or R.R.#) (City) (County) (State, Zip)

**MS State Board of Cosmetology Physical Address: 239 N. Lamar Street, Suite 301 Jackson, MS 39201**