**COMPLAINT FORM**

*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.*

*Please note that all forms MUST be notarized.*

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

State of Mississippi

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLAINT**

I hereby affirm under oath, the following:

|  |  |
| --- | --- |
| My name is |  |
| My address is |  |
| My telephone number is |  |
| My complaint is against |  |
| Their address is |  |
| Their phone number is  |  |

|  |
| --- |
| My grievance is as follows: (supplemental sheets may be attached as needed) |
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|  |

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

I realize that my name may be realized to the accused.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLAINTANT

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC

(SEAL) My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 Complaintant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Legal Guardian, if necessary Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness Date

Complaintant Identifying Data:

|  |
| --- |
| Name |
| Last | Last | First | Maiden, if applicable |
| Sex | Date of Birth | County |
| Address: |  |

**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 complaintant allegations, and I understand that the information become public record once filed with the Board, and the investigation is over.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complaintant Signature Date

Complaintant Identifying Data:

|  |
| --- |
| Name |
| Last | Last | First | Maiden, if applicable |
| Sex | Date of Birth | County |
| Address: |  |

**Mississippi State Board of Cosmetology**

**Physical Address:**

**239 North Lamar Street, Suite 301**

**Jackson, MS 39201**

**Mailing Address:**

**Post Office Box 55689**

**Jackson, MS 39296**