



# MISSISSIPPI STATE BOARD OF COSMETOLOGY

## Complaint Form (Please type in, print, have notarized and mail to the Board)

*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.*

Your Name (Complainant): \_\_\_\_\_

Mailing Address \_\_\_\_\_

Your Telephone: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Person against whom you are complaining (Respondent): \_\_\_\_\_

Name of Business and Street Address of person you are filing complaint against:

\_\_\_\_\_

Their Telephone: \_\_\_\_\_ Their Email Address: \_\_\_\_\_

Nature of Complaint (Detail your grievance below, providing supplemental sheets, as needed):



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 Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian, if necessary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

Complainant Identifying Data:

Name			
Last	First	Middle	Maiden, if applicable
Sex	Date of Birth		County
Mailing Address (Street, Post Office Box, City, State, Zip)			

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 become public record once filed with the Board, and the investigation is over.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

Complainant Identifying Data:

Name			
Last	First	Middle	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

