STATE OF WEST VIRGINIA - BOARD OF BARBERS AND COSMETOLOGISTS
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C O M P L A I N T F O R M

INSTRUCTIONS: Please complete this form providing the name and address of the individual against whom the complaint is made, and name and address of person making complaint. Provide a detailed description of the complaint, and sign on page two.

Name, address & phone number of the individual making complaint:	**Name, address & phone number of the indivudual or business named in the complaint:**

List below any witnesses to the incident or situation, giving full names and addresses.

Please provide a detailed description of complaint below.

I understand that the information provided above will be used in efforts to resolve my problem and may be shared with the party complained against. It may also be used to enforce applicable state laws.

SIGNATURE_____ DATE_____