



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING COMPLAINT FORM

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**Date Filed:** \_\_\_\_\_

\_\_\_\_\_  
**Complainant (alleging violation)**

vs.

\_\_\_\_\_  
**Respondent (alleged violator)**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Email Address**

**Have you consulted with an attorney?**     YES     NO

**If YES, Name of Attorney:** \_\_\_\_\_

**Attorney Address:** \_\_\_\_\_  
\_\_\_\_\_

**Are you licensed by the Board?**     YES     NO

**If YES, license number:** \_\_\_\_\_

**List the name(s) of any witness(es) along with address, phone number, and email address.**

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**Description of Events:**

Provide a complete description of the facts and dates. You may use additional sheets as needed. Attach copies of all documents supporting your allegations; however, retain the originals.

**NOTICE:** By signing this complaint, you confirm that you understand and do consent to appear before the Mississippi State Board of Cosmetology and Barbering and/or any court of law to testify to the allegations of this complaint. You confirm that you understand that this complaint and all attached documents are public records. You also confirm you understanding that the Respondent may be provided a copy of this complaint and any document submitted.

I certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

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

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

State of Mississippi

\_\_\_\_\_  
Notary Public



# MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

## RELEASE FORM

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\_\_\_\_\_  
**Complainant (alleging violation)**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Email Address**

I hereby authorize the Mississippi State Board of Cosmetology and Barbering to access and review any and all information regarding the incident described in the complaint and to speak with anyone who may provide information pertaining to the complaint. I understand that this consent will expire in twelve (12) months from the date of my signature and cannot be renewed without my written consent.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature, if applicable

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date