



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

COMPLAINT FORM

Date Filed: _____

Name of Person Making Complaint

**Licensee Name
 (Complaint Made Against)**

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

Email Address

Email Address

License Number

Are you licensed by the MSBCB? ☐ YES ☐ NO

If YES, license number: _____

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

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.



MISSISSIPPI STATE BOARD OF COSMETOLOGY AND BARBERING

RELEASE FORM

Name of Person Making Complaint

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