

## 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 NO
If YES, license number:	
List the name(s) of any witness(es) along with address.	n address, phone number, and email

## **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 Licensee named in your Complaint may be provided a copy of this complaint and any document submitted.

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

Name of Person Making Complaint		
Street Address		
City, State, Zip		
Phone Number		
Email Address		
I hereby authorize the Mississippi State Board any and all information regarding the incident who may provide information pertaining to the in twelve (12) months from the date of my sign consent.	described in the complai e complaint. I understand	nt and to speak with anyone d that this consent will expire
Signature	Date	
Legal Guardian Signature, if applicable	Date	
Witness Signature	 Date	