

Business, Consumer Services and Housing Agency – Gavin Newsom, Governor

**BOARD OF BARBERING AND COSMETOLOGY** P.O. Box 944226, Sacramento, CA 94244-2260 P (800) 952-5210 F (916) 575-7281 www.barbercosmo.ca.gov



## **CONSUMER COMPLAINT FORM**

PERSON REGISTERING COMPLAINT					
NAME (FIRST, LAST)					
ADDRESS NUMBER AND STREET					
CITY			STATE	ZIP CODE	
DATE OF INCIDENT	BUSINESS PHONE		HOME PHONE		
E-MAIL ADDRESS					
Note: Leave personal information section blank if you wish to file the complaint anonymously.					
COMPLAINT REGISTERED AGAINST					
BUSINESS NAME		LICENSEE OR OWNE	R NAME		
ADDRESS NUMBER AND	DRESS NUMBER AND STREET		PHONE NUMBER		
CITY			STATE	ZIP CODE	
DETAILS OF COMPLAINT					
STATE YOUR COMPLAINT (If more space is needed, attach an additional sheet)					

HAVE YOU SPOKEN WITH THE LICENSEE REGARDING THE MATTER? IF YES, WHAT WAS THE DATE AND THE RESULT?	YES	NO		
HAVE YOU INITIATED LEGAL ACTION AGAINST THE LICENSEE? IF YES, WHAT WAS THE DATE AND THE RESULT?	YES	□ NO		
WHAT DO YOU WANT THE BOARD TO DO FOR YOU?				
I HEREBY CERTIFY UNDER PENALTY OF PEJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF CALLED UPON, I WILL ASSIST IN THE INVESTIGATION AND/OR PROSECUTION OF THE RESPONDENT OR OTHER INVOLVED PARTIES, AND WILL IF NECESSARY, SWEAR TO A COMPLAINT, ATTEND HEARINGS AND TESTIFY TO FACTS. PLEASE LEAVE UNSIGNED IF FILING ANONYMOUSLY.				
SIGNATURE		DATE		