

WYOMING

EXECUTIVE DIRECTOR

Betty Abernethy

2515 Warren Ave., Suite 302
Cheyenne, WY 82002

BOARD OF COSMETOLOGY

STATE OF WYOMING

Matthew H. Mead, Governor

(307) 777-3534
Fax (307) 777-3681

The Wyoming Board of Cosmetology regulates the practice of cosmetology to protect public health, safety and welfare. A licensee has a property right interest in their license under Wyoming law and therefore is afforded the right of due process. Anonymous complaints are not accepted by the Board of Cosmetology.

- THIS DOCUMENT IS A GENERAL OVERVIEW OF THE DISCIPLINARY/CONTESTED CASE PROCESS. TO THE EXTENT THAT IT'S APPLICATION IN ANY GIVEN SITUATION CONTRADICTS THE BOARD'S RULES AND REGULATIONS, THE BOARD'S PRACTICE ACT, THE WYOMING ADMINISTRATIVE PROCEDURES ACT, ANY COURT ORDER, OR, FEDERAL OR STATE LAW, THE LATTER SHALL CONTROL.

The entire complaint review, investigation and legal review process may take an extended period of time depending on the complexity of the case and the pending case load of the Board.

HOW COMPLAINTS ARE PROCESSED

All complaints must be in writing on an approved Complaint Form. Complaints involving allegations which are not within the jurisdiction of this Board may be referred to other agencies which may be better able to assist the complainant.

ANONYMOUS COMPLAINTS CANNOT BE ACCEPTED. All Complaints must be signed and notarized by the complainant.

An assigned Investigative Board Committee, Investigative Board Member or specially assigned investigator along with the Committee/Member who act as an impartial, fact finding third party will investigate the allegation(s). They may provide a copy of the signed and notarized complaint form to the licensed agent whom a complaint has been filed, so that the licensee may respond to the complaint allegations.

DISCIPLINARY PROCESS

After the investigation is complete, the Investigative Board Committee/Member makes a recommendation to proceed with disciplinary action or dismiss the complaint.

DEFAULT

The Board may enter an order based on the allegations of a complaint in any case where the licensee or the licensee's representative has not appeared at a scheduled hearing of which the licensee had notice (Board Rules and Regulations, Chapter 11).

Please provide the enclosed Authorization for Release of Medical Records for evidentiary purposes (if applicable).

WYOMING BOARD OF COSMETOLOGY COMPLAINT FORM

COMPLAINT REPORT (Must be typed or printed)

Date: _____

Name of Person Registering Complaint: _____

Home Address _____ Home Phone _____

Business Address _____

Business Owner _____ Business Phone _____

E-mail address _____

Name of Person Being Reported:

Name: _____ Lic. # _____ Expires: _____

Address: _____ Type of License _____

Employer (Name & Address): _____

Work Phone #: _____ Home Phone #: _____ Fax #: _____

Date of Incident: _____ Time of Incident: _____

Please Note: ANONYMOUS COMPLAINTS CANNOT BE ACCEPTED. Licensee is notified and a copy of the complaint is sent to the licensee as part of due process. All complaints must be signed by the complainant.

Specifics of Complaint: Please provide sequential history of relevant facts. Include description of the incident, dates, person identification and documentation supporting your allegation (i.e., copies of payment, statements of witnesses, name and address of witnesses, persons involved etc. If additional space is required, please use additional paper.

Multiple horizontal lines for writing the specifics of the complaint.

The undersigned agrees to being the person making the foregoing statements and that they are made in good faith and are true in every respect.

SIGNATURE OF COMPLAINANT

DATE

AUTHORIZATION AND RELEASE OF RECORDS, INFORMATION AND DIAGNOSIS/PROGNOSIS OF CONDITIONS
(If applicable)

NAME OF PATIENT/CLIENT: _____

SSN OF PATIENT/CLIENT: _____

DOB OF PATIENT/CLIENT: _____

You are hereby authorized to furnish to the Wyoming Board of Cosmetology, and its authorized representatives, any medical, physical, psychological, mental, substance abuse, addiction, rehabilitative or other treatment records, reports, or information whatsoever as requested regarding my medical, physical psychological, mental, substance abuse, addiction, or rehabilitative condition and any treatment rendered for such condition(s), as well as to provide any requested diagnosis, prognosis or functional limitations with respect to the same. Photostat copies of this Authorization and Release carry the same authority as the original.

Signature of Patient/Client

Date