

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(es) \_\_\_\_\_

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 and notarized by the complainant.

Specifics of Complaint: Please provide sequential history of relevant facts. Include description of the incident, dates, persons 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.

AFFIDAVIT AND NOTARIZATION

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT  
(Must Be Witnessed by a Notary)

GIVEN UNDER MY HAND AND NOTARIAL SEAL THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

SIGNATURE \_\_\_\_\_  
NOTARY PUBLIC EXPIRES \_\_\_\_\_

NOTARY SEAL