

**KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGISTS
111 ST JAMES CT STE A
FRANKFORT, KY 40601**

COMPLAINT FORM

Pursuant to 201 KAR 12:190, Section 3, all complaints must be submitted in writing and must contain the name of the complainant.
Please be advised that any information you supply on the complaint form may be subject to public disclosure under the Kentucky Open Records Act.

CONSUMER INFORMATION

Name _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____ Email Address: _____

COMPLAINT REPORTED AGAINST

Salon Name: _____ License # _____
(If known)

Address: _____
(Street) (City) (State) (Zip code)

Individual's Name: _____ License # _____
(If known)

Individual's Address: _____
(Street) (City) (State) (Zip code)

Phone Number: (____) _____ Date of Service: _____
(If known)

COMPLAINT DETAILS

Please distinctly and clearly state the facts of the complaint. Attach additional sheet if necessary.

NOTE: The Board has no authority to require payment of monetary damages on your behalf or to settle civil disputes.

I hereby certify that the statements made by me in the complaint are true to the best of my knowledge:

Signature of Complainant: _____ Date: _____

COMPLAINT PROCESS

If you have provided ample evidence of a violation, an inspector will investigate the complaint.

A copy of the complaint will be forwarded to the respondent to afford them the opportunity to respond to the allegations.

All information will be forwarded to the Board at its next available Board meeting after the conclusion of the investigation.

Until a final determination has been made, the Board is not permitted to disclose information regarding the matter. You will be notified in writing when a final determination has been made.