



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

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100 N. Union Street, Suite 324
P. O. Box 301750
Montgomery, AL 36130-1750

334-242-1918 Office
800-815-7453 toll free

334-242-1926 Fax
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Complaint Form

Date Filed

vs.

Complainant (alleging violation)

Respondent (alleged violator)

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

(_____) _____
Phone Number

(_____) _____
Phone Number

Have you consulted an attorney? Yes _____ No _____

If **yes**: Name of Attorney _____

(area code) Phone #

Address _____

Mailing Address

City

State

Zip Code

Are you licensed by this State Board? Yes _____ No _____ License # _____

A copy of this complaint will be mailed to the Respondent (alleged violator) for a response to the allegations.

I understand that I will be required to testify at a hearing concerning this matter if the Board chooses to pursue this matter.

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Signature: _____ Date _____

Complaint Description

Give a complete statement of the facts with dates. Add additional sheets if necessary. Attach copies of all documents that support your allegation (photos, medical records, receipt, etc.). You should retain originals.

You may e-mail this form and documentation to Kendrah.Hollanquest@aboc.alabama.gov or mail to the address listed above.