

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

BOARD OF BARBERING AND COSMETOLOGY





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 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.				
XSIGNATURE		DATE		