Party Making Compliant

Name			
Address			
City		State	ZIP Code
Telephone Number	Email Address		
Party Against Whom Compliant is Made			
Name			
Address			
City		State	ZIP Code
Name of Salon		Employed Yes	☐ No ☐ Unsure
Nature of Compliant			
	harges made against the party named above.		
I hereby certify that the above stated charges are true and correct to the best of my knowledge. I further certify that the Board of Cosmetology is hereby authorized to copy and release this complaint as may be required by law or for the proper resolution of this matter.			
Signature		Date	
Complaints filed with the Board ar	e considered public information		

Send Complaint to:

ND State Board of Cosmetology

4719 Shelburne St Suite 1 Bismarck, ND 58503

Questions:

Email: bocinfo@nd.gov Call: (701) 224-9800 www.ndcosmetology.com