

ALABAMA BOARD OF COSMETOLOGY AND BARBERING

RSA Union Building 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 www.aboc.alabama.gov

Complaint Form

Date Filed			
	VS.		
Complainant (alleging violation)	٧٥.	Respondent (allege	ed violator)
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Coc	
Phone Number		Phone Number	
Have you consulted an attorney? Yes	S No		
If yes : Name of Attorney			
Address		(area code) Phone #	
AddressMailing Address	City	State	Zip Code
Are you licensed by this State Board?	? Yes No	License #	
A copy of this complaint will be maile allegations.	d to the Respond	dent (alleged violator) fo	or a response to the
I understand that I will be required chooses to pursue this matter. I affirm that I have provided the about 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.

Or you may E-mail this form and documentation to Kendrah.Hollanquest@aboc.alabama.gov.			