

Party Making Compliant			
Name			
Address			=
City		State	ZIP Code
Telephone Number	Email Address	1	I,
Party Against Whom Compli	ant is Made		
Name			
Address			
City		State	ZIP Code
Name of Salon		Employed Yes	☐ No ☐ Unsure
Nature of Compliant	narges 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	

Send Complaint to:

ND State Board of Cosmetology 4719 Shelburne St Suite 1 Bismarck, ND 58503

Complaints filed with the Board are considered public information.

Questions:

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