



Oklahoma State Board of Cosmetology

2401 NW 23rd Street, Suite 84
Oklahoma City, OK 73107-2453
www.cosmo.state.ok.us

MARY FALLIN
GOVERNOR

SHERRY G. LEWELLING
EXECUTIVE DIRECTOR

COMPLAINT FORM

Note: An Investigation will only be made after receipt of a signed, written and notarized complaint.

(Please print)

Your Name: _____

(address)

(city)

(zip code)

(phone - home and work)

Complaint Against: _____

(Name)

(address)

(city)

(zip code)

(phone - home and work)

Basic Reason for Complaint:

Fully Describe Events Leading to Complaint: (Please print)

(If additional room is needed, please attach additional page(s))

I solemnly swear that the foregoing statements are true and correct to the best of my knowledge and belief.

(SEAL)

Signature of Complainant

Subscribed and sworn before me this _____ day of _____ 20 _____

State of _____ County of _____

My commission expires _____ Notary Public _____