



**OKLAHOMA STATE BOARD OF
COSMETOLOGY AND BARBERING**

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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: _____

Your Address: _____
(address) (city) (zip code)

Home Phone: _____ Work Phone: _____

THIS COMPLAINT IS AGAINST: _____

Their Address: _____
(address) (city) (zip code)

Their Home Phone: _____ Their Work Phone: _____

**FULLY DESCRIBE EVENTS LEADING TO COMPLAINT. PLEASE PRINT.
ATTACH ADDITIONAL PAGES AS NEEDED.**

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 _____