



# Oklahoma State Board of Cosmetology

2401 NW 23<sup>rd</sup> Street, Suite 84  
Oklahoma City, OK 73107-2453  
www.cosmo.ok.gov

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 \_\_\_\_\_