LOUISIANA STATE BOARD OF COSMETOLOGY

11622 Sunbelt Court Baton Rouge, LA 70809 (225) 756-3404 Telephone (225) 756-3410 Fax

COMPLAINT FORM

Please note that your identity will remain confidential and will not be disclosed unless you are required to testify in court.

RESPONDENT NAME	
ADDRESS	
EMPLOYER	
EIVIPLOTER	
COMPLAINANT NAME	
ADDRESS	
PHONE NUMBER	
DATE AND LOCATION OF ALLEGED VIOLATION	
Please list all witnesses' names, addresses, and phone numbers,; a statement of facts, allegations, or concerns; and attach a copy of each document that you possess that can substantiate any facts in your compliant. You may use a blank sheet of paper if additional space is needed.	

COMPLAINANT SIGNATURE:____