

WEST VIRGINIA STATE BOARD OF BARBERS AND COSMETOLOGISTS

1201 Dunbar Avenue Dunbar, WV 25064

Tel: (304) 558-2924 Fax: (304) 558-3450 www.wvbbc.com

COMPLAINT FORM

Any individual may make a complaint to the Board concerning a licensee. The Board shall accept a complaint if the information includes: The alleged violation which prompted the complaint; name and address of the licensee against whom the complaint is lodged; the date the incident occurred; and the name or names of witnesses to the incident, if any. An investigation will be conducted to determine the validity of the allegation(s) contained in the complaint upon submitting this form.

INDIVIDUAL MAKING COM	IPLAINT:	
First/Last Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone:		
INDIVIDUAL OR BUSINESS	NAMED IN THE COMPLAINT:	
First/Last Name:		Company:
Mailing Address:		
City:	State:	Zip Code:
Phone:		
Date of Incident:		
List below any witnesses t	o the incident or situation, giv	ing full names and addresses:

Please provide a detailed description of the incident/complaint below:		
I understand that the information provided above will be used in efforts to resolve my problem and will be shared with the party complained against. It may also be used to enforce applicable laws.		
Signature:		
Data		