



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

RSA Union Building
100 N. Union Street, Suite 324
P. O. Box 301750
Montgomery, AL 36130-1750

334-242-1918 Office
800-815-7453 toll free

334-242-1926 Fax
www.aboc.alabama.gov

Complaint Form

Date Filed

Complainant (alleging violation)

vs.

Respondent (alleged violator)

Street Address

Street Address

City, State, Zip Code
(_____)_____

City, State, Zip Code
(_____)_____

Phone Number

Phone Number

Have you consulted an attorney? Yes_____ No_____

If **yes**: Name of Attorney _____ (area code) Phone # _____

Address _____
Mailing Address City State Zip Code

Are you licensed by this State Board? Yes_____ No_____ License # _____

A copy of this complaint will be mailed to the Respondent (alleged violator) for a response to the allegations.

I understand that I will be required to testify at a hearing concerning this matter if the Board chooses to pursue this matter.

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Signature: _____ Date _____

