



ALABAMA BOARD OF COSMETOLOGY AND BARBERING

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

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

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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 _____

