



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
UNIFORM COMPLAINT REPORT

MAILING ADDRESS:
 BOARD OF COSMETOLOGY AND
 BARBER EXAMINERS
 P.O. BOX 1062
 JEFFERSON CITY, MO 65102

DELIVERY ADDRESS:
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MO 65109

Missouri Statutes 575.060.1 - False declarations. A person commits the crime of making a false declaration if, with the purpose to mislead a public servant in the performance of his duty, he submits any written false statement, which he does not believe to be true.

COMPLAINANT INFORMATION (type or print) **Based on state law, confidentiality of the complainant's identity cannot be guaranteed.**

COMPLAINANT NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER (WORK)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
E-MAIL ADDRESS		

SUBJECT OF COMPLAINT

NAME (PERSON AND/OR COMPANY)	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

1. HAVE YOU CONTACTED SUBJECT CONCERNING COMPLAINT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE ► _____ 2. HAVE INJURIES RESULTED FROM THE ALLEGED ACTIONS OF THE ABOVE NAMED PERSON/COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF PERSON INJURED ► _____	3. HAS LAWSUIT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. DO YOU POSSESS EVIDENCE IN THE FORM OF DOCUMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SEND THIS EVIDENCE WITH YOUR COMPLAINT. 5. ARE YOU WILLING TO TESTIFY IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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WITNESS INFORMATION

WITNESS NAME	ADDRESS	TELEPHONE NUMBER

DETAILS OF COMPLAINT

GIVE FULL DETAILS OF YOUR COMPLAINT. (Include facts, details, dates. Please attach any pertinent or relevant documents, records, correspondence, etc.) Use additional sheets if necessary.

I HEREBY AFFIRM THAT FACTS AS PRESENTED ON THIS FORM, AS WELL AS ANY ATTACHMENTS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF COMPLAINANT ► _____	
	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR _____	
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____
NOTARY PUBLIC NAME (TYPED OR PRINTED)		USE RUBBER STAMP IN CLEAR AREA BELOW.

FOR OFFICE USE ONLY

COMPLAINT NO.	COMPLAINT DATE	TYPE OF COMPLAINT	COMPLAINT ACK.	SENT TO ATTORNEY	SENT TO BOARD	REFERRED TO INVEST.
REFERRED TO ATTORNEY	REF. TO ADM. HEARING	DISPOSITION	DISPOSITION DATE	ADVISED OF DISPOSITION	APPEAL DATE	DISPOSITION