



DC BOARD OF BARBER AND COSMETOLOGY
Regulatory Complaint Intake Form

GENERAL INSTRUCTIONS: Consumers who have experienced legal or ethical problems of alleged negligence with D.C. Barbers and/or Cosmetologists should complete this form and submit the original form with all supporting documents. Documents would include copies of all contracts signed or agreed to, certificates or any other legal documents used to support your complaint.

DATE OF COMPLAINT: _____

DATE RECEIVED: _____
(Office use only)

COMPLAINT IS WRITTEN ON:

Alleged Violator: _____
(Include Full name, Alias, and Company name)

Alleged Violator's Home and/or Company Address: _____
_____ Ward # (if known): _____

Address Where Violation Occurred: _____

Day Phone #: _____ Evening Phone #: _____ Fax #: _____

COMPLAINT IS WRITTEN BY:

Name of Person Submitting Complaint: _____

Address: _____ Ward#: _____

Day Phone #: _____ Evening Phone #: _____ Fax #: _____

NATURE OF COMPLAINT: _____

NOTE: Use additional paper, if necessary. Submit copies of all documents to support claim of alleged negligence.

(Office Use only):
COMPLETED BY: _____ DATE: _____ STATUS: _____
STATUS: _____
{ } MAIL-IN { } WALK-IN { } TELEPHONE { } REFERRED FROM: _____

Revised 05/22/2009

MAIL COMPLAINT FORM TO:
ATTN: S. J. Brown, Program Liaison (email: SheldonJ.Brown@dc.gov)
DC Board of Barber and Cosmetology
DCRA/OPLD
941 North Capitol Street, NE, 7th Floor, Suite 7200
Washington, DC 20002
(202) 442-4320