



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 COMPLAINT:

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 to the incident or situation, giving full names and addresses:
