

**ARKANSAS DEPARTMENT OF HEALTH
COSMETOLOGY SECTION
4815 West Markham, Slot 8
Little Rock, AR 72205
VOICE - (501) 682-2168 FAX - (501) 682-5640**

COMPLAINT AND/OR RESPONSE FORM

GENERAL INFORMATION:

1. Any person may file a formal complaint against any person licensed by the Cosmetology Section on any of the grounds for disciplinary action provided under A.C.A Section 17-26-105 of the Cosmetology Licensure Code.
2. Formal complaints must be filed within ninety (90) days from the date of infraction.
3. The Complainant must have actually witnessed the allegations and charges contained in this complaint.
4. The Complainant can not withdraw the complaint once it has been filed with the Cosmetology Section.
5. The Complainant must state the exact nature of the violation. These statements must include the following: WHO is in violation; WHAT activities were performed by the violator(s) and/or persons under the violator's responsibility; WHEN the violation(s) occurred (exact dates); and WHERE the violation(s) occurred; HOW and to what extent is the complainant involved in this matter; and WHAT relief of remedy is the Complainant seeking in this matter.
6. A copy of the complaint will be sent to the person the complaint is filed against. This individual will have the opportunity to respond. The response and complaint will be reviewed, and a determination will be made as to whether the complaint warrants a disciplinary hearing before the Cosmetology Technical Advisory Committee.
7. If a hearing is warranted the Complainant will be required to testify before the Cosmetology Technical Advisory Committee. If the Complainant makes false statements then the Complainant may be charged with perjury.

INSTRUCTIONS FOR COMPLETING FORM:

1. Complaints must be documented on this form.
2. Type only.
3. Facts must be clearly and concisely stated, including the name and address of the licensee(s) named in the complaint and the name and address of any person who can confirm all or part of the allegations.
4. Complaint forms must be notarized.

COMPLAINT

(COMPLAINANT)	(RESPONDENT)
(STREET ADDRESS)	(STREET ADDRESS)
(CITY, STATE, ZIP)	(CITY, STATE, ZIP)
(HOME TELEPHONE NUMBER)	(HOME TELEPHONE NUMBER)

Please provide the following information to enable our investigator to contact you concerning your complaint, if a personal interview becomes necessary.

NAME OF YOUR EMPLOYER _____

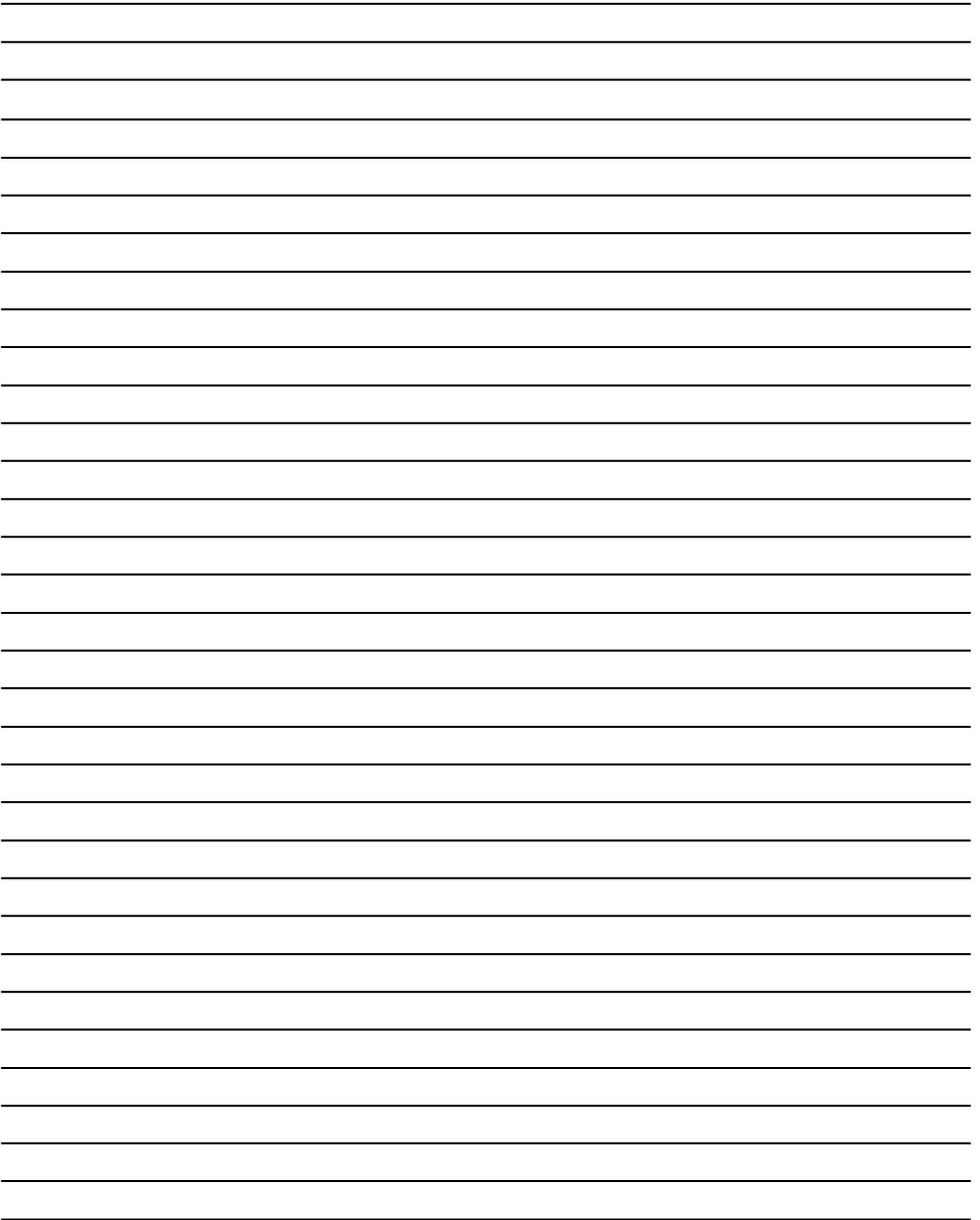
EMPLOYER'S ADDRESS _____

YOUR BUSINESS PHONE _____

BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary. Also, attach originals of all documents that will support your allegations. You should retain copies.)

BASIS FOR YOUR COMPLAINT CONTINUED



Other person(s) with firsthand knowledge of your complaint: (Attach an additional sheet if necessary)

NAME _____

ADDRESS _____
(Street Address) (City, State, Zip)

HOME PHONE _____ BUSINESS PHONE _____

If you have consulted an attorney, please provide the following:

NAME OF ATTORNEY _____

ADDRESS _____

PHONE _____

COMPLAINANT SIGNATURE _____

Subscribed and sworn to before me this _____ day of _____, 20____, A.D.

(SEAL)

My Commission Expires:

Notary Public