

**COMPLAINT FORM
LOUISIANA STATE BOARD OF COSMETOLOGY**

11622 SUNBELT COURT
BATON ROUGE, LA 70809
(225) 756-3404 Telephone
(225) 756-3410 Fax

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|------------------------|--|
| RESPONDENT NAME | |
| ADDRESS | |
| | |
| EMPLOYER | |

| | |
|-------------------------|--|
| COMPLAINANT NAME | |
| ADDRESS | |
| | |
| PHONE NUMBER | |

| | |
|---|--|
| DATE AND LOCATION OF ALLEGED VIOLATION | |
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Please list all witnesses' names, addresses, and phone numbers; a statement of facts, allegations, or concerns; and attach a copy of each document that you possess that can substantiate any facts in your complaint. You may use a blank sheet of paper if additional space is needed.

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| COMPLAINANT SIGNATURE: |
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