



ALABAMA BOARD OF COSMETOLOGY

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Montgomery, AL 36130-1750

334-242-1918 Office
800-815-7453 toll free

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Complaint Form

Date Filed

Complainant (alleging violation)

vs.

Respondent (alleged violator)

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

(_____) _____
Home Phone Number

(_____) _____
Home Phone Number

Have you consulted an attorney? Yes _____ No _____

If **yes**, please provide the following:

Name of Attorney _____

Address _____
Street Address City, State, Zip Code

Phone Number (____) _____

Are you licensed by this State Board? Yes _____ No _____

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Complainant Signature: _____ Date _____

