



**COMPLAINT FORM**  
**NORTH DAKOTA BOARD OF COSMETOLOGY**  
 SFN 4549 (04-2017)

ND State Board of Cosmetology  
 4719 Shelburne St.; Suite 1  
 Bismarck, ND 58503

**PARTY MAKING THE COMPLAINT**

Name		
Address		
City	State	ZIP Code
Telephone Number		

**PARTY AGAINST WHOM COMPLAINT IS MADE**

Name		
Address		
City	State	ZIP Code
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Salon	

**NATURE OF COMPLAINT**

*\*State clearly and specifically, all charges made against the party named above. Attach additional pages if more space is needed.\**

I hereby certify that the above stated charges are true and correct to the best of my knowledge. I further certify that the Board of Cosmetology is hereby authorized to copy and release this complaint as may be required by law or for the proper resolution of this matter.

Signature	Date
Signed and sworn to before me this	Affix Notary Stamp
Signature of Notary Public	
Commission Expiration Date	

Questions?  
 Email: [info@ndcosmetology.com](mailto:info@ndcosmetology.com)  
 Call: (701) 224-9800  
 Fax: (701) 222-8756  
[www.ndcosmetology.com](http://www.ndcosmetology.com)