



Sue Sansom, Executive Director

1721 East Broadway • Tempe AZ 85282
Phone 480.784.4539 • Fax 480.784.4962
www.azboc.gov

COMPLAINANT

The Arizona State Board of Cosmetology complies with the Americans with Disabilities Act of 1990. In the event that you require special accommodations to attend a hearing or informal interview, please advise the Board no later than 72 hours prior to the hearing.

A.R.S. § 41-1010 does not bar the use of anonymous complaints. State Law requires you to provide your name. We do not have to disclose your name if we can show the disclosure will result in substantial harm to you, someone else, or the public. Do you know any reason to believe that substantial harm will result from disclosure of your name? Yes No

Please elaborate:

The Arizona State Board of Cosmetology may still receive and act upon an anonymous complaint. Complainants may be advised that the agency will take their complaint even if they wish to remain anonymous.

Sincerely,

Joanne Morgan,
Compliance Manager

PROCEDURES FOR FILING A COMPLAINT

WITH THE ARIZONA STATE BOARD OF COSMETOLOGY

This Board is charged with the administrations and enforcement of the COSMETOLOGY (A.R.S. § 32-501 ET. Seq.). We investigate complaints involving unlawful acts including false advertising, deceptive statements, health, and sanitation regulations, employment of unlicensed persons for professional services, incompetence and/or malpractice. If you feel you have been the victim of any of the above or have information about a specific incident complete the enclosed form and mail it to us.

If we can't understand your complaint, we can't help you. So, take a minute to ORGANIZE your information so that the details are clearly stated.

SOME TIPS ON PREPARING A WRITTEN COMPLAINT

1. *First, make a separate list of the things you want to say. Try to separate your feelings from the facts.*
2. *Present the events in the order in which they happened, using dates whenever possible.*
3. *Enclose copies of documents such as contracts, letters, advertisements, sales slips, cancelled checks, warranties, medical diagnosis, letter(s) from witnesses (include contact number & address) or other documents that may support your complaint. Keep the originals for your files.*
4. *Remember that your complaint should describe the even or practice which was misleading to you. If possible, you should state why the practice was misleading.*
5. *Please complete the complaint form and return it to our office. Our ability to assist you will depend upon your giving us a complete and detailed statement including any representations made to you.*

Submit your complaint by mailing or delivery to: Arizona State Board of Cosmetology
1721 East Broadway
Tempe Arizona 85282-1611
Or Fax #: (480) 784-4962

Upon receipt of your complaint, we will determine if your complaint comes under our authority. If it does, we will take such action as is possible under our statutory authority. If your complaint does not fall under our authority, we will refer you to the appropriate agency.

BY SUBMITTING MEDICAL RECORDS TO THE BOARD AS PART OF THE COMPLAINT YOU ARE AUTHORIZING THE BOARD TO DISCLOSE SUCH RECORDS TO THE LICENSEE AND/OR THE LICENSEE'S ATTORNEY SO THAT THEY MAY BEST RESPOND TO THE COMPLAINT.

Law prohibits us from giving you legal advice, legal opinion or action as your private attorney. If you have suffered or may suffer a significant monetary loss, you should contact a private attorney to discuss your legal rights and remedies. If you don't have a private attorney, the County Bar Association's Lawyer Referral service should be consulted or the local Legal Aid Society may be able to assist you.



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Board of Cosmetology

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PUBLIC RECORD COMPLAINT FORM

FILE NO: _____

DATE: _____

Your Name & Address:	Name & Address of firm or person:
Phone #:	Phone#:

DETAILS OF COMPLAINT

DATE & TIME: _____ TYPE OF SERVICE _____

NOTE: You must provide pertinent evidence (e.g. photos before & after, hair clippings, doctor findings, and additional professional service records, etc.)

Have you made a direct complaint about the service? Yes No

To whom: _____ Date: _____

Have you received a response to your direct complaint? Yes No

From whom: _____

Action take: _____

Have you complained to any other person or organization about the service? Yes No

Please specify: _____

Would you testify under oath to a legal hearing regarding this complaint? Yes No

Please specify: _____

What are your expectations by submitting this complaint to the Board? _____

Signature of Complaint: _____

Date: _____

PLEASE BE AWARE THAT THE INFORMATION COLLECTED IS PUBLIC RECORD.

AFFIDAVIT

STATE OF ARIZONA

FILE NO.: _____

COUNTY of _____

I, _____, HEREBY attest to the following:

I further state that I have read the above contents and these statements are true by Personal knowledge

Or I believe them to be true.

SIGNATURE

ADDRESS

CITY/STATE/ZIP CODE

**AUTHORIZATION TO RELEASE
MEDICAL RECORDS**

I _____ understand that because I am providing my
(Print name)

medical records to the Arizona State Board of Cosmetology (“Board”) in connection with my complaint, the Board may be required to disclose these records to the licensee and/or the licensee’s attorney in this matter as essential information to the disciplinary proceedings being conducted under A.R.S. §32-501 et. seq. I hereby authorize this use for purposes of this disciplinary matter only.

Date

Signature