



MISSISSIPPI BOARD OF BARBER EXAMINERS

COMPLAINT FORM

PLEASE NOTE: One of the principal duties of the Mississippi Board of Barber Examiners is to investigate any alleged violations of the Barber Laws of the State of Mississippi, Title 73, Code of 1972, and violations of the Rules and Regulations for the Board.

The Board will not complete an investigation without the receipt of a written complaint, verified and sworn to under oath.

IT IS A CRIME TO KNOWINGLY FILE A FALSE STATEMENT UNDER OATH.

State of Mississippi

County of _____

COMPLAINT

I hereby affirm under oath, the following:

1. My name is _____
2. My address is _____
3. My telephone numbers are _____
4. My complaint is against _____
5. Their address is _____

6. Their telephone number is _____



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CONSENT TO TESTIFY FORM

I, _____, hereby consent and bind myself to appear before the Mississippi Board of Barber Examiners and any court of law to testify to the complaint allegations, and I understand that the information becomes public record once filed with the Board, and the investigation is over.

(Complaint Signature)

(Date)

Complainant identifying data: _____ , _____
(Last Name) (First & Middle Names)

_____, _____, _____, _____
(Maiden Name) (Sex) (Birth Date) (Social Security Number)

_____, _____, _____, _____
(Street or R.R. #) (City) (County) (State, Zip)



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AUTHORITY TO RELEASE/OBTAIN INFORMATION

I, _____, hereby authorize the Mississippi Board of Barber Examiners to take the following actions:

1. Talk to anyone who can provide information pertaining to my complaint.
2. Access and review any and all information regarding me and my complaint.

I understand that this consent will expire twelve (12) months from the date of my signature, and cannot be renewed without my consent.

(Signature of Complainant)

(Date)

(Signature of Legal Guardian, if Necessary)

(Date)

Complainant identifying data: _____, _____
(Last Name) (First & Middle Names)

(Maiden Name)

(Sex)

(Birth Date)

(Street or R.R. #)

(City)

(County)

(State, Zip)