



MISSISSIPPI BOARD OF BARBER EXAMINERS

COMPLAINT FORM

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

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

Your Name (Complainant): _____

Mailing Address _____

Your Telephone: _____ Your Email Address: _____

Person against whom you are complaining (Respondent): _____

Name of Business and Street Address of person you are filing complaint against:

Their Telephone: _____ Their Email Address: _____

Nature of Complaint (Detail your grievance below, providing supplemental sheets, as needed):

Witnesses (provide the names, addresses email addresses and phone numbers of your witnesses, if any):

A. Witness 1: _____

Address: _____

Phone(s): _____

Email Address: _____

B. Witness 2: _____

Address: _____

Phone(s): _____

Email Address: _____

By signing below, I do hereby consent to appear before the Mississippi Board of Barber Examiners and any court of law to testify to the allegations set forth in the complaint.

Further, I confirm the following:

- 1. I understand that it is a crime to knowingly file a false statement under oath;**
- 2. The party of which I have filed the complaint will be provided a copy of the complaint and an opportunity to respond within 10 days.**
- 3. I realize that this complaint is a public record that may be released;**
- 4. I realize that my name may be realized to the accused;**
- 5. I realize that I may be required to testify in any hearing(s) or other proceeding(s) that may result.**

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; and**
- 2. Access and review any and all information regarding the incident.**

Signature of Complainant

Printed Name

Date

Sworn to and subscribed before me this _____ day of _____, in the year ____.

Notary Public

SEAL

County of _____

State of _____

My Commission expires _____

AUTHORITY TO RELEASE/OBTAIN INFORMATION

I, _____, hereby authorized 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 all information regarding me and my complaint.

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

Signature of Complainant

Date

Signature of Legal Guardian, if necessary

Date

Signature of Witness

Date

Complainant Identifying Data:

Name			
Last	First	Middle	Maiden, if applicable
Sex	Date of Birth		County
Mailing Address (Street, Post Office Box, City, State, Zip)			

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 complainant allegations, and I understand that the information become public record once filed with the Board, and the investigation is over.

Complainant Signature

Date

Complainant Identifying Data:

Name			
Last	First	Middle	Maiden, if applicable
Sex	Date of Birth		County
Address:			

Mississippi Board of Barber Examiners

Mailing:

P.O. Box 603

Jackson, MS 39205

Physical:

510 George Street, Suite 400

Jackson, MS 39202