OSBCB FORM 601
Revised 08/22

OKLAHOMA
Cosmetology and Barbering

OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453
Phone 405.521.2441 · www.cosmo.ok.gov

J. KEVIN STITT
Governor

MALENA CURTSINGER
Executive Director

COMPLAINT FORM

An investigation will only be made after receipt of a signed, notarized complaint.

Your Name: _____

Your Address: _____
STREET CITY STATE ZIP

Phone: _____

THIS COMPLAINT IS AGAINST:

Their Name: _____

Shop Name if applicable: _____

Their Address: _____
STREET CITY STATE ZIP

Phone: _____

FULLY DESCRIBE EVENTS LEADING TO COMPLAINT. PLEASE PRINT. ATTACH ADDITIONAL PAGES AS NEEDED.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I solemnly swear that the foregoing statements are true and correct.

X _____
SIGNATURE OF COMPLAINANT

Subscribed and sworn before me this _____ day of _____, 20 _____ .
State of _____ County of _____
Commission #_____
My commission expires _____ Notary Public _____

Notary Seal Here