OSBCB FORM 601
Revised 07/26

OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
ADVISORY BOARD ON MASSAGE THERAPY
2401 NW 23rd Street, Suite 74, Oklahoma City, OK 73107-2453
Phone 405.521.2441 • Oklahoma.gov/cosmo

COMPLAINT FORM

An investigation will only be made after receipt of a signed, notarized complaint. Email completed form to mary.casebolt@cosmo.ok.gov

Your Name: _____

Your Address: _____
STREET CITY STATE

Phone: _____

Email: _____

THIS COMPLAINT IS AGAINST:

Their Name: _____

Shop Name if applicable: _____

Their Address: _____

Phone: _____ ST_R_EE_T _____ CI_TY _____ ST_ATE

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

_____

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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