



THE OHIO STATE BOARD OF COSMETOLOGY

1929 Gateway Circle Grove City, Ohio 43123
Phone: (614) 466-3834 Fax: (614) 644-6880 www.cos.ohio.gov

THE OHIO STATE BOARD OF COSMETOLOGY COMPLAINT FORM

What type of complaint can I submit?

A complaint may be filed to report any of the following, witnessed in a salon, tanning facility or cosmetology school:

- Unlicensed Individual
- Unlicensed Salon
- Unlicensed facility
- Uncertified person performing or providing services
- Sanitary issues within a salon, tanning facility or cosmetology school

How do I submit a complaint?

Complete the following form, once the form is received at the Board office it will be reviewed and any necessary information collected. The person who filed the complaint will receive confirmation the complaint was received and notice if an investigation is completed. In order for the Board to complete a thorough investigation it is necessary that as much information as possible is provided. If you are unable to submit this form electronically mail the completed form to:

Ohio State Board of Cosmetology
Attn: Meg LaMantia
1929 Gateway Circle
Grove City, Ohio 43123

Why do I need to sign the complaint form?

The complaint will be reviewed for compliance of Board regulations. All information will become public record as part of the review. Your contact information is required in order for action to occur.

Scope of Authority

The Board does not have the authority to act upon any complaints regarding the quality of a service provided. Concerns of such nature should be discussed with the licensee, salon manager/owner or corporate office. Many concerns can be resolved in this manner. The Board does not have the right to recover funds or award damages under any circumstance.

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Type of complaint:

_____ Unlicensed Person (s) _____ Sanitary Issue _____ Unlicensed Salon (including a residence)
_____ Safety Issue Other: _____

Complaint location and information:

Name of Person : _____

Name of Business Entity: _____

Address: _____ City: _____ Ohio County: _____

Circumstances of your concern:

Your contact information:

Name: _____

Address: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

_____ Date: _____

Signature or Electronic Signature

Please note an electronic signature may substitute an original signature