



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

JOHN R. KASICH, GOVERNOR
JAMES P. TRAKAS, EXECUTIVE DIRECTOR

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 complaint will then go to a licensed zone Inspector for investigation. The person who filed the complaint will receive confirmation the complaint was received and notice the 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: Michelle Rathburn
1929 Gateway Circle
Grove City, Ohio 43123

Why do I need to sign the complaint form?

The complaint will be inspected for compliance of Board regulations. All information will become public record as part of the inspection. 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

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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: _____

Signature or Electronic Signature Date: _____

Please note an electronic signature may substitute an original signature