

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**SOUTH DAKOTA COSMETOLOGY COMMISSION**

217 W. Missouri Ave., Pierre, SD 57501  
Tel: 605.773.6193 Fax: 605.773.7175 cosmetology.sd.gov

**COMPLAINT FORM**

**INSTRUCTIONS: Please type or print clearly in pen or ink.** Complete all applicable areas of this form accurately to the best of your knowledge and information. Provide all information that you know or can discover with reasonable investigation. If you need assistance to complete this complaint form, please contact the South Dakota Cosmetology Commission, 217 W. Missouri Ave., Pierre, SD 57501, 605.773.6193.

**1. PERSON AGAINST WHOM COMPLAINT IS MADE:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ (home) Telephone number: \_\_\_\_\_ (work)

License Number: \_\_\_\_\_ Unlicensed: Yes

**2. PERSON MAKING THE COMPLAINT:**

Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ (home) Telephone number: \_\_\_\_\_ (work)

Licensed cosmetologist: Yes No Licensed nail technician: Yes No License number: \_\_\_\_\_

Shop/booth owner: Yes No Shop number: \_\_\_\_\_

**3. NATURE OF COMPLAINT:** Detail in concise terms the facts giving rise to your complaint. It is important that you explain what occurred as completely as possible so that the commission and its representatives can have a full understanding of the nature of your complaint. Be specific as to date, time, place, people, addresses, and telephone numbers. If additional space is required use a separate sheet of paper. Attach any documents and papers, which relate to the acts or occurrences complained.

4. List persons who were witness to the complaint(s) above or who otherwise are likely to have first-hand knowledge about the above complaint(s).

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

5. Are you willing to appear under oath as a witness and be cross-examined concerning the allegations made in the complaint? Yes No

(If you are unwilling to testify or fail to appear if requested, the Commission may dismiss the complaint.)

***I declare and affirm under penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.***

**Complainant Signature:** \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public - South Dakota

My commission expires: \_\_\_\_\_ (SEAL)

#### COMMISSION ACTION ON COMPLAINT

When the complaint has been received, commission staff will conduct an investigation. The Cosmetology Commission Violations Committee will review the complaint and determine appropriate action. You will be notified of any action or proposed action by the commission. See complaint procedures documents for further information. Thank you.