

**SOUTH DAKOTA  
COSMETOLOGY COMMISSION  
COMPLAINT FORM**

**INSTRUCTIONS: Please enter the information requested below.** 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, 500 E. Capitol, Pierre, SD 57501, telephone number 605-773-6193.

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

Name:

Address, City, 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: Licensed nail technician: License number:  
Shop/booth owner: 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.

(Next page to complete)

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 Signed:** \_\_\_\_\_

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

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

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

**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.