



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
TENNESSEE STATE BOARD OF COSMETOLOGY
500 JAMES ROBERTSON PARKWAY
FIRST FLOOR
NASHVILLE, TN 37243-1147
615-741-2515
email: beverly.waller@state.tn.us**

ACKNOWLEDGMENT

Dear Complainant:

Enclosed please find the official complaint form of the State of Tennessee Cosmetology Board. Before you file with our office, the Board requests that you read the following information which explains its function, responsibilities and powers.

- 1) The Board was created to enforce the State of Tennessee Cosmetology Licensing Law & Rules. It has only such powers as the legislature gave it. In order to safeguard the interest of the public, the Board wants to ensure that only those who meet the statutory requirements for licenses are able to obtain them and that those who fail to comply with the laws governing the conduct of the profession are disciplined.
- 2) **The Board cannot recover or order the refund of any money or property to which you may be entitled. You must institute a civil lawsuit for this purpose and hire your own legal counsel, if necessary. In certain instances, a judge can revoke or suspend the license of the person against whom you are complaining, the Respondent.**
- 3) Attach legible copies of all pertinent documents, etc. After we receive your completely executed complaint form, we will send a copy of the complaint to the Respondent with the request that he or she reply within 10 days of the postmarked date of receipt. When the response is received by our office, we will send a copy to you. You may respond to the Respondent's answer if you wish.
- 4) A Legal Review will take place and if additional information is necessary, your complaint may be forwarded to an Inspector or the Investigation Section. The Inspector/Investigator assigned to the case will seek the additional evidence requested. The Board will review the findings and will take the appropriate action.
- 5) If the Board votes to hold a formal hearing, you will most likely be subpoenaed to testify.

Sincerely,

Beverly R. Waller

Administrative Director

NOTE TO COMPLAINANT

PURSUANT TO T.C.A. TITLE 47 CHAPTER 18, THE TENNESSEE CONSUMER PROTECTION ACT, YOU MAY ALSO WANT TO FILE A COMPLAINT WITH THE DIVISION OF CONSUMER AFFAIRS, 500 JAMES ROBERTSON PARKWAY, 5TH FLOOR, NASHVILLE, TN 37243 (615-741-4737 OR 1-800-342-8385)

Other person(s) with firsthand knowledge of your complaint:

Name _____

Address _____
(Street Address) (City, State, Zip)

Home Phone _____ Business Phone _____

(Attach an additional sheet if necessary.)

Have you consulted an attorney? Yes _____ No _____

If YES, please provide the following:

Name of Attorney _____

Address _____
(Street Address) (City, State, Zip)

Phone _____

Are you licensed by this State Board? Yes _____ No _____

If YES, give license number _____

Complainant Signature _____

Optional

(except for Land Surveyors complaints)

State of _____

County of _____

On this _____ day of _____, 20____, personally appeared before me the complainant name in the foregoing complaint who, on oath, says that the facts above stated are true to the best of his (or her) information and belief.

Witness my hand and seal at _____ this date.

Notary Public

My Commission Expires:
