



Kansas Board of Cosmetology

2420 NW Button Rd Topeka, KS 66618

Telephone: (785) 296-3155 Fax: (785) 296-3002

Email: Kboc@ks.gov Website: www.kansas.gov/kboc

Complaint Form

Regulated Professions

The Kansas Board of Cosmetology regulates cosmetologists, estheticians, nail technologists, cosmetology establishments, including salons and schools. The Board also regulates body art practitioners and establishments and tanning facilities. The Board also has authority over unlicensed persons practicing a profession regulated by the Board.

Mission

The mission of the Board is to protect the health and safety of the consuming public by licensing qualified individuals and enforcing standards of practice in the professions regulated by the Board.

Types of complaints reviewed by the Board

- Unlicensed individuals and establishments
- Health and sanitation violations
- Fraud, False/Deceptive Advertising

Types of complaints not reviewed by the Board

- Fee and price disputes
- Poor customer service
- Dissatisfaction with service provided

What the Board cannot do:

- Provide legal advice.
- Obtain monetary damages to compensate you or to resolve fee disputes, which are civil matters. If you are seeking reimbursement or damages, please consult an attorney.
- Impose criminal penalties. If you believe your allegations may constitute a crime, please contact your local law enforcement agency.

How do I file a complaint?

- You must complete the Complaint Form; provide the requested information; sign the form; attach copies of any documents which relate to the complaint; and submit it to the Board office.
- You may also request a Complaint Form by calling (785) 296-3155 or by emailing kboc@ks.gov
- A complaint may be filed anonymously. However, the Board may have difficulty investigating these complaints. If the Board is unable to obtain documentation or proof of the complaint allegations, the Board may not be able to pursue the complaint. Complaints which provide detailed information can be addressed more efficiently and effectively. If you would like to remain anonymous, please do not complete any of the fields or submit any documents that reveal your identity or contact information.
- We do not take complaints over the phone or without the completed complaint form. We will only investigate complaints that are for violations within our jurisdiction.

What happens next?

- Upon receipt of your complaint, the Board will determine if your complaint comes under the Board's authority.
- If the Board determines that your complaint is a possible violation of laws regulated by the Board, it will be investigated and you may be contacted for additional information.
- In some complaints, we will determine that the matter should be closed. In others, we will seek and may obtain discipline against the Respondent.
- If the complaint results in disciplinary action, the Respondent will have the opportunity to request a hearing. You may be asked to testify at the hearing.

How long will it take?

The Board endeavors to resolve all complaints promptly. Some matters will take longer than others to resolve due to the nature and complexity of the complaint.



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Type of Complaint

Cosmetology	Body Art	Tanning	School	Other
<input type="checkbox"/> Practitioner	<input type="checkbox"/> Practitioner	<input type="checkbox"/> Establishment	<input type="checkbox"/> Instructor	<input type="checkbox"/> _____
<input type="checkbox"/> Establishment	<input type="checkbox"/> Establishment		<input type="checkbox"/> Establishment	

Nature of Complaint (Check all that apply)

- | | | |
|----------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Unlicensed Establishment | <input type="checkbox"/> Obtaining a License by Fraud | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Unlicensed Practitioner | <input type="checkbox"/> Discipline in another State | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Expired Establishment | <input type="checkbox"/> False/Deceptive Advertising | <input type="checkbox"/> Health & Sanitation |
| <input type="checkbox"/> Expired Practitioner/Apprentice | <input type="checkbox"/> Procedure on a Minor (Body Art) | <input type="checkbox"/> Service to a Minor (Tanning) |
| <input type="checkbox"/> Felony Conviction | | |

Person Making Complaint (Please notify the Board if the following information changes)

Name	Email	Phone	
Address	City	State	Zip

Witnesses/Others with Knowledge of this Matter

Name	Email	Phone	
Address	City	State	Zip

Person against Whom Complaint is Made

Name	License No.	Phone	
Address	City	State	Zip

Establishment against Which Complaint is Made

Establishment	License No.	Phone	
Address	City	State	Zip

Have you contacted the individual or the establishment to try and resolve your complaint? Yes No

Testimony

Are you willing to appear under oath as a witness to be cross-examined concerning the allegations made in this complaint?

Yes No

Verification I declare under penalty of perjury that I have read and understand this form and that the information provided on this form and all attached pages/documents is true and correct.

Signature	Date Signed



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Narrative Statement

- Please provide a statement of the facts, allegations and/or concerns in the space provided below.
- Attach a copy of each document you possess that can substantiate any facts in your complaint.
- Please include a specific description of the incident:
 - What happened?
 - When did it happen?
 - Where did it happen?
 - How did it happen?
 - Who was involved?