

## **Process for Filing a Formal Complaint**

The Kansas Board of Barbering has the authority to license and regulate barbers, and the barbering industry in the State of Kansas. Protection of the public is one of the Boards primary responsibilities. Filing a complaint is a method of informing the Board of actions or activities about individuals, barbershops, barber schools or colleges which are harmful to the public's safety and/or wellbeing.

The attached complaint form must be submitted with any complaint. It should be made clear to the person wanting to file a complaint that only those complaints that are received in writing and with a notary approval will be considered for investigation. Upon receipt the complaints are reviewed individually by the Administrator and passed along as needed to staff or appropriate law enforcement agencies.

**State of Kansas Board of Barbering-Official Complaint Form**

Kansas Board of Barbering  
700 SW Jackson Street Suite 1002  
Topeka, Kansas 66603-3811

kbob@ks.gov

**Party making the complaint:**

Name: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

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

**Party against whom complaint is made:**

Name \_\_\_\_\_  
(Barber/Establishment)

Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number if Known \_\_\_\_\_

e-mail address if known: \_\_\_\_\_.

Information included in this complaint may be turned over to law enforcement.

Will you, as a Complainant, willingly testify in a hearing before the Board of Barbering, or in a Court should charges be filed arising from this complaint? (Yes/No) \_\_\_\_\_

**Nature of Complaint: State clearly and specifically, all charges against party named above. Provide complete information with any/all details. Attach additional documentation as needed.**

---

---

---

---

---

---

I hereby certify the above stated charges are true and correct to the best of my knowledge.

Notarized Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Kansas )                      Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.  
County of )

\_\_\_\_\_ Notary Public

SEAL

\*\*\*\*\*

Office Use Only

Date Received \_\_\_\_\_ By \_\_\_\_\_

Investigator notified \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Updated 5/25/16