



The mission of the Ohio State Board of Cosmetology is to protect and support the public through regulation and education while promoting the integrity of the industry.

Kevin L. Miller, Executive Director

1929 Gateway Circle, Grove City, Ohio 43123-9309

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Ohio State Board of Cosmetology Complaint Form

The following form is an active PDF document; you may type the required information on this form. Once completed forward the completed form to our office.

Fax : 614-644-6880

Attn: Ann Marie Zarella-Lydic, Complaint Coordinator

AnnMarie.Zarella-Lydic@cos.state.oh.us

OR mail to:

Ohio State Board of Cosmetology

Attn: Ann Marie Zarella-Lydic, Complaint Coordinator

1929 Gateway Circle

Grove City, Ohio 43123

What type of complaint can I submit?

This form should be used to report any license and/or sanitary concerns witnessed in:

- Salons
- Tanning facilities
- Cosmetology schools

Why do I need to sign the complaint form?

The issue will be investigated for compliance with board rules & regulations. All information submitted to the board will become public information after the completion of the inspection. Your name, address, phone number and signature are required otherwise the complaint will not be considered for formal action.

Who should I contact regarding issues beyond licensing and/or sanitation?

It is advised that you contact the Consumer Protection Section of the Attorney General's Office or the Better Business Bureau.

Scope of Authority

The Board does not have authority to act on any complaints regarding the quality of service provided by a licensee or an establishment. Complaints of such nature should be discussed with the licensee, salon manager/ owner or corporate office. The Board does not have the right to recover funds or award damages under any circumstances.

COMPLAINT FORM

What type of complaint is this?

___ Unlicensed Person(s) ___ Services in residence ___ Sanitary issues ___ Safety ___ Other (explain)

Explain the circumstances involved in your complaint:

Facility Information

Name of Facility _____

Address of Facility _____ County _____

Complainant Information

Your name (Please Print) _____

Your mailing address _____

Your residence phone/cell number _____

Email address (if applicable) _____

(Signature of person filing complaint)

****This document must be signed to be considered for formal action.**

OFFICE USE ONLY:

Inspector: _____ Complaint #: _____