**COMPLAINT FORM**

All complaints should be submitted in writing and signed by the complainant and shall be submitted to the Executive Director of the Cosmetology Association.

All complaints are dealt with in the strictest confidence. The complainant’s personal information will not be disclosed unless otherwise ordered by a court of law.

The complaint form must be completed in its entirety. Failure to do so may jeopardize the process (for example: if adequate information is not provided, the complaint may not be able to be processed).

Please provide as much detail as you can in your statement. This should include only relevant details as to time, place, and a copy of any relevant materials that support your complaint.

Submit the form by fax or email (noted above), or via regular mail to the Association’s Chain Lake Drive location.

1. ***Information About Complainant***

|  |  |
| --- | --- |
| Name: |       |
| Address: |       |
| Telephone No.: |       |
| Email: |       |
| Please check the most appropriate statement below describing your relationship with the individual/salon/school you are making the complaint against. |
|  |  |
| [ ]  | I am a client. |
| [ ]  | I am a colleague/co-worker |
| [ ]  | I am a Member of the Cosmetology Association |
| [ ]  | I am a student |
| [ ]  | I am a former employee/employer |

1. ***Information about the cosmetologist/student/salon/school/Association staff member you are submitting the complaint against.***

|  |  |
| --- | --- |
| Name: |       |
| Name of Salon/School: |       |
| Address: |       |
| Telephone No.: |       |

1. ***Type of Complaint***

Please check all that apply. This is a complaint regarding

|  |  |
| --- | --- |
| [ ]  | services received by a cosmetologist |
|  |  |
| [ ]  | professionalism displayed by a cosmetologist |
|  |  |
| [ ]  | licensing/salon registration |
|  |  |
| [ ]  | a school and/or instructor |
|  |  |
| [ ]  | sanitation and disinfection procedures |
|  |  |
|  |  |
| [ ]  | an Association staff person, inspector, Executive Board member or examiner of the Cosmetology Association of Nova Scotia |
|  |  |
| [ ]  | examination results (the exam administered by Examiners of the Cosmetology Association of Nova Scotia) |

**Please Note:** the Cosmetology Association does not have the authority to regulate or enforce refunds or fees charged for services rendered.

1. ***Details of Complaint***

Describe the complaint by providing sufficient information and factual evidence that fully explains the nature of your concerns. Be sure to be as clear as possible and include relevant dates and time unless unable to do so. (Please use a separate sheet of paper if required.)

1. ***Describe*** what efforts you have made to resolve the complaint. What was the outcome?

|  |
| --- |
|  |

Electronic Signature

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|       |

Date Submitted