

STATE OF OHIO
 OHIO STATE BARBER BOARD
 77 SOUTH HIGH STREET, 16TH FL
 COLUMBUS, OHIO 43215-6108
 Phone: (614) 466-5003 Fax: (614) 387-1694
 Website: www.barber.ohio.gov

STUDENT COMPLAINT FORM

NAME OF STUDENT:	DATE:
BARBER STUDENT ID#:	PHONE #
ADDRESS (Number, Street, City, State & Zip)	
E-MAIL ADDRESS:	
NAME OF SCHOOL ATTENDED:	
ADDRESS OF SCHOOL (Number, Street, City, State & Zip):	
START DATE:	GRADUATION DATE: (or anticipated graduation date)
NUMBER OF ACCUMULATED HOURS:	
NATURE OF COMPLAINT: (Please use back of this form or additional sheet of paper to specifically describe your complaint)	
NAME OF PERSON(S) AT SCHOOL YOU HAVE CONTACTED REGARDING THE ABOVE COMPLAINT:	
DATE OF CONTACT:	
OUTCOME OF CONTACT:	
YOUR SOLUTION/EXPECTATION:	
PLEASE ATTACH COPIES OF ANY DOCUMENTATION THAT IS PERTINENT TO YOUR COMPLAINT	

Signature of Student: _____ Date: _____