

COMPLAINT FORM

For NACCAS Use Only
Ref. # _____

Please complete this form and return it to NACCAS, 4401 Ford Avenue, Suite 1300, Alexandria, VA 22302.

Name of the Complainant _____

Address of Complainant _____

City, State, Zip Code _____

Telephone Number - Home (____) _____ Work (____) _____

E-Mail: _____

SUBJECT OF COMPLAINT

(Person and institution involved)

Address of the Institution

City, State, Zip Code

What is your relationship to the school/person? (Check only one)

[] Student in the school from _____ to _____.
(date) (date)

If a student, have you submitted this complaint to the school's grievance procedure? Yes No

If YES, what is it's status? _____

[] Employee in the school from _____ to _____.
(date) (date)

[] School Owner, please indicate if your school is accredited and if so, by which accrediting body.

Complaint Form

2. Please list all steps you have personally taken to resolve the problem. (If no steps were taken please indicate that below.)

3. Have you contacted any other agencies regarding the complaint allegations besides the National Accrediting Commission of Cosmetology Arts & Sciences (NACCAS)? If so, please list them below and include individuals and dates contacted wherever possible.

4. Please attach copies of contracts, receipts, fee information, correspondence, affidavits, advertisements, doctor's excuses, and any other documentation needed to verify the information stated in your complaint. **The NACCAS *Rules of Practice and Procedure* require all complaints to be documented before any action can be taken to resolve the complaint**, please review Part 6 of the *Rules* which refer to the complaint proceedings. These are available at www.NACCAS.org. You may contact (703) 600-7600 but complaints must be in writing.

5. Have you ever filed another complaint against a school accredited by NACCAS? If so, please list below the school(s) involved, the date(s) and nature of your complaint(s) and the outcome of your complaint(s).

CERTIFICATION

All information contained in this complaint is true and correct to the best of my knowledge.

Signature of the Complainant

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

In order to resolve this complaint, I understand that the National Accrediting Commission of Cosmetology Arts and Sciences must request information about my personal record (if student or former employee) directly from the institution against whom I am filing the complaint. I, therefore, relinquish my right to confidentiality with regard to this complaint.

Signature of the Complainant

Date
