

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.)

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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.

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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](http://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).

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CERTIFICATION

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

Signature of the Complainant

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Date 

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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

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Date

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