

Complaint Form

Regulated Professions

The Kansas Board of Barbering regulates barbers, barber instructors, barbering establishments (shops) and barber schools and barber colleges. The Board also has authority over unlicensed persons practicing a profession regulated by the Board.

Mission

The mission of the Board of Barbering is to protect the health and safety of the consuming public by licensing qualified individuals and enforcing standards of practice in the professions regulated by the Board.

Types of complaints reviewed by the Board

- ✦ Unlicensed individuals and establishments
- ✦ Health and sanitation violations
- ✦ Fraud or false/deceptive advertising

Types of complaints not reviewed by the Board

- ✦ Fee and price disputes
- ✦ Poor customer service
- ✦ Dissatisfaction with service provided

What the Board cannot do:

- ✦ Provide legal advice.
- ✦ Obtain monetary damages to compensate you, which are civil matters. If you are seeking reimbursement or damages, please consult an attorney.
- ✦ Impose criminal penalties. If you believe the actions you allege may constitute a crime, please contact your local law enforcement agency.

How do I file a complaint?

Note: We do not take complaints over the phone.

- ✦ You must complete the Complaint Form; provide the requested information; sign the form; attach copies of any documents which relate to the complaint; and submit it to the Board office.
- ✦ You may also request a Complaint Form by calling (785) 296-2211 or by emailing kbob@ks.gov
- ✦ A complaint may be filed anonymously. However, the Board may have difficulty investigating these complaints. If the Board is unable to obtain documentation or proof of the complaint allegations, the Board may not be able to pursue the complaint. Complaints which provide detailed information can be addressed more efficiently and effectively.
- ✦ We will only investigate complaints that are for violations within our jurisdiction.

What happens next?

- ✦ Upon receipt of your complaint, the Board will determine if your complaint comes under the Board’s authority.
- ✦ If the Board determines that your complaint is a possible violation of laws regulated by the Board, it will be investigated, and you may be contacted for additional information. In some complaints, we will determine that the matter should be closed. In others, we will seek and may obtain discipline against the Respondent.
- ✦ If the complaint results in disciplinary action, the Respondent will have the opportunity to request a hearing. You may be asked to testify at the hearing.

How long will it take?

The Board endeavors to resolve all complaints promptly. Some matters will take longer than others to resolve due to the nature and complexity of the complaint.

(Check all that apply)

Practitioner	Establishment	Other
<input type="checkbox"/> Barber <input type="checkbox"/> Barber Instructor <input type="checkbox"/> Barber Student	<input type="checkbox"/> Barber Shop/Salon <input type="checkbox"/> Barber School/College <input type="checkbox"/> Other	<input type="checkbox"/> _____

Nature of Complaint

- | | | |
|--------------------------------------------------------|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Unlicensed Establishment | <input type="checkbox"/> Obtaining a License by Fraud | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Unlicensed Practitioner | <input type="checkbox"/> Discipline in Another State | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Expired Establishment License | <input type="checkbox"/> False/Deceptive Advertising | <input type="checkbox"/> Health & Sanitation |
| <input type="checkbox"/> Expired Practitioner License | <input type="checkbox"/> Felony Conviction | |

Person Against Whom Complaint is Made

Name	License Number	Phone	
Address	City	State	Zip

And/or Establishment Against Which Complaint is Made

Establishment	License Number	Phone	
Address	City	State	Zip

Person Making Complaint (Please notify the Board if any of your contact information changes)

Name	Email	Phone	
Address	City	State	Zip

Any Witnesses or Others with Knowledge of this Matter

Name	Email	Phone	
Address	City	State	Zip

Have you contacted the individual or the establishment to try and resolve your complaint?

Yes No

Testimony

Are you willing to appear at a hearing with the Barbering Disciplinary Panel and testify under oath concerning this complaint and be cross-examined Yes No

Verification

I declare under penalty of perjury that I have read and understand this form and that the information provided on this form and all attached pages/documents is true and correct.

Signature	Date Signed

