



4. List persons who were witness to the complaint(s) above or who otherwise are likely to have first hand knowledge about the above complaint(s).

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

5. Are you willing to appear under oath as a witness and be cross-examined concerning the allegations made in the complaint? Yes \_\_\_\_\_ No \_\_\_\_\_ (If you are unwilling to testify or fail to appear if requested, the Commission may dismiss the complaint.)

***I declare and affirm under penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.***

**Complainant Signed:** \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
Notary Public - South Dakota

#### **COMMISSION ACTION ON COMPLAINT**

When the complaint has been received, commission staff will conduct an investigation. The Cosmetology Commission Violations Committee will review the complaint and determine appropriate action. You will be notified of any action or proposed action by the commission. See complaint procedures documents for further information. Thank you.