

## **COMPLAINT REPORTING FORM**

In New Brunswick, any person working in the cosmetology industry must hold a valid license with the Cosmetology Association of New Brunswick ("CANB/ACNB") and must meet all of CANB/ACNB's [by-laws, policies, professional standards and criteria](#), including meeting the necessary requirements in infection control and possessing the necessary skills to perform cosmetology services. Any salon offering cosmetology services must also hold a valid permit with CANB/ACNB.

Please use this Complaint Report Form to report any cosmetologist who:

- has or who is suspected to have violated CANB/ACNB's professional standards or criteria; and/or
- is employed or otherwise engaged in a salon which does not hold a permit.

To ensure that CANB/ACNB can properly investigate the concern, all fields must be completed in full before submitting.

### **Your Information**

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

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

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

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

### **Information about the individual you are reporting**

Name of individual being reported: \_\_\_\_\_

License Number (if known): \_\_\_\_\_

Name of establishment, salon or school in which the individual practises:

\_\_\_\_\_

Address of establishment, salon or school in which the individual practises:

\_\_\_\_\_

Please describe the your complaint, including the nature, frequency, duration, circumstances, and date(s) of the alleged conduct:

\_\_\_\_\_

If available, please provide any documents or materials supporting the alleged conduct:

\_\_\_\_\_

If applicable, please provide the name(s) of any witness(es) involved:

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Any additional information you wish to provide:

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**Acknowledgment**

The information given above and attached is true and accurate to the best of my knowledge. I understand, acknowledge, and realize the serious nature of filing such a complaint and recognize that CANB/ACNB may not be able to take action without my cooperation in providing additional information, if requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** By entering my full name, I acknowledge and agree that it will have the same legal effect as a handwritten signature.