

BARBER COMMISSION OF MOBILE COUNTY
205 GOVERNMENT PLAZA
MOBILE, AL 36644

251-574-4247 OFFICE
251-574-8005 FAX

EMAIL ADDRESS
BARBERCOMMISSION@MOBILECOUNTYAL.GOV

COMPLAINT FORM

DATE FILED

Complainant (alleging violation)

VS.

Respondent (alleged violator)

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Phone Number

Phone Number

Are you licensed by the Mobile County Board? YES () NO () License # _____

A copy of this complaint will be provided and/or mailed to the Respondent (alleged violator) for a response to the allegations.

Complainant Signature _____ Date _____

We Do Not Accept Anonymous Complaints

COMPLAINT DESCRIPTION

Give a complete statement of the facts with dates. Add additional sheets if necessary. Attach copies of all documents that support your allegation (photos, receipts, etc.).

You may e-mail this form and documentation to barbercommission@mobilecountyal.gov or mail to the address listed above.