

Sisterlocks Concern Report Form



On a separate sheet, please provide the following information. Once finished, please email your responses to: Complaints@sisterlocks.com.

1. Full Name and Contact Info for all individuals involved (Client, Consultant, 2nd opinion Consultant if applicable)
2. Provide an account of your experience
3. Did you have a consultation and 3-visit package?
4. Did the initial price include your 1st retightening? (i.e. "Follow-up Visit")
5. When did you get your Sisterlocks established? (date and how much you paid)
6. Have you been getting regularly scheduled re-tightenings?
7. If so at what intervals and how much do you pay?
8. Do you pay an hourly rate or a flat fee?
9. Were you introduced to and told about Sisterlocks products?
10. Have you consulted with another Consultant who has advised you about your hair? If so, please provide their contact information
11. Please send photos of your hair.
12. Are you seeking a remedy from the Consultant? If so, please provide the details of your expectations.
13. Are you willing to have the consultant correct your hair?
14. If you're seeking a refund, how much? If you're seeking a full refund, do you intend to take your locks down?

(Please attached 3-4 photos of your hair showing the sections at the scalp, hair down the strand, tips and any areas of concern)