



TATTOO ARTIST/ESTABLISHMENT COMPLAINT FORM

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| Please send reply to: Iowa Department of Inspections, Appeals, & Licensing ATTN: Tattoo Program 6200 Park Ave, Suite 100 Des Moines, Iowa 50321 OR env.health@dia.iowa.gov | Department use only: Complaint # |
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PERSON REGISTERING COMPLAINT **Provide all information**

| | | | |
|----------|--------|---------|------------------|
| Name: | | | Home Phone: |
| Address: | | | Alternate Phone: |
| City: | State: | County: | Zip Code: |

COMPLAINT REGISTERED AGAINST

| | | | |
|---------------------|-------|--------|----------|
| Name: | | | |
| Establishment name: | | | |
| Address: | | | Phone: |
| City: | State | County | Zip Code |

DETAILS OF COMPLAINT

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|--|--|
| 1) Have you complained to the individual or establishment? Yes <input type="checkbox"/> No <input type="checkbox"/> When: _____ How: Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other <input type="checkbox"/> (please explain) Notes: | 3) Have you complained to any other organizations? Yes <input type="checkbox"/> No <input type="checkbox"/> Who: _____ When: _____ How: Telephone <input type="checkbox"/> Letter <input type="checkbox"/> Other <input type="checkbox"/> (please explain) Notes: |
| 2) Did the individual or establishment respond? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, action taken: | Did they respond? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, action taken: |

Briefly state your complaint being as specific as possible. Use additional sheets if necessary.

Signature: _____ Date: _____

State law and federal regulations stipulate that all inspection reports, including complaints, are public information and may be disclosed if requested.