



## TATTOO ARTIST/ESTABLISHMENT COMPLAINT FORM

Please send reply to: <b>Iowa Department of Inspections, Appeals, &amp; Licensing</b> ATTN: Tattoo Program 6200 Park Ave, Suite 100 Des Moines, Iowa 50321 OR <a href="mailto:Tattoo@dia.iowa.gov">Tattoo@dia.iowa.gov</a>			Department use only: Complaint #			
Please print or type			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						
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:			

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

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



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