

STATE OF IOWA
IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES
TATTOO ARTIST/ESTABLISHMENT COMPLAINT FORM

Please send reply to: Iowa Department of Public Health Division of ADPER & EH/Tattoo Program 321 E. 12th Street Des Moines, IA 50319-0075 OR chelsea.stevens@idph.iowa.gov			Complaint #
Please print or type			PERSON REGISTERING COMPLAINT
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 () No () When: _____ How: Telephone () Letter () Other () (please explain) _____ _____ _____		3) Have you complained to any other organizations? Yes () No () Who: _____ When: _____ How: Telephone () Letter () Other () (please explain) _____ _____ _____	
2) Did the individual or establishment respond? Yes () No () If yes, action taken: _____		Did they respond? Yes () No () If yes, action taken _____	

Briefly state your complaint being as specific as possible.

Signature: _____ Date: _____

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