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

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)

2) Did the individual or establishment respond?
Yes ( ) No ( )
If yes, action taken: ___________________________

3) Have you complained to any other organizations?
Yes ( ) No ( )
Who: ___________________________
When: ___________________________
How: Telephone ( ) Letter ( ) Other ( ) (please explain)

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.

Rev. 8/2022