Minnesota Body Art Complaint Form

Allegation ID # ______________ (to be filled out by MDH)

Please complete this form and return it to the address above. Please type or print clearly, using black ink. The information you provide will be analyzed and an investigation conducted, if warranted. You will be contacted if additional information is needed and when the investigation concludes.

Information about the Person Making the Complaint:

Your Name: __________________________________________________________________________

First    Middle    Last

Your Address: _______________________________________________________________________

Street    __________________________________________________________________________

City   State   Zip  County

Your Telephone Number: (_________)_____________________________________________________

Area Code   Number

Your E-mail Address: __________________________________________________________________

Is this complaint on your own behalf?      Yes   No (circle one)

If no, please provide the following information about the consumer for whom you are filing this complaint:

Information about the Consumer:

____________________________________________________________________________________

First    Middle    Last

Consumer’s Address: ___________________________________________________________________

Street

____________________________________________________________________________________

City   State   Zip  County

Consumer’s Telephone Number: (_________)____________________________________

Area Code   Number
Consumer’s E-mail Address: ____________________________________________________________

Is Consumer a Minor? Yes / No If Yes, Consumer’s Birth Date __________ / __________ / _________
Month         Day                  Year

Your relationship to the consumer: □ Parent/Guardian □ Relative       □ Another technician
□ Government Agency □ Friend □ Technician self reporting □ Technician’s supervisor
□ Medical Professional □ Anonymous □ Other______________________________

Information About the Subject of the Complaint:

What is the Complaint About? (Circle as Appropriate) Technician Establishment Both

What Type of Body Work Is Involved? (Circle as Appropriate) Tattoo Piercing Both

Nature of Complaint: (Circle as Appropriate) Injury Procedure on Minor

Unsanitary Procedure Unsanitary Shop Unlicensed Practice Other _________________

Technician’s Name: ____________________________________________________________________
First    Middle    Last

Technician’s Gender: (Circle One) Male Female

Where Was the Body Art Performed: (Circle One) Establishment Residence Other

If Other, please explain: _________________________________________________________________

Establishment Name: ___________________________________________________________________

Street Address: _____________________________________________________________________
____________________________________________________________________________________

City   State   Zip  County

Technician/Establishment Telephone Number: (_________)___________________________________
Area Code Number

TENNESSEEN WARNING

Minnesota Government Data Practices Act (MGDPA) Notice: Information you give to MDH as part of an active investigation of a complaint against a technician and/or establishment is confidential. MDH will use such information to evaluate the complaint and, if necessary, bring legal action against the technician and/or establishment. In some circumstances, investigative information received from you about a technician and/or establishment may be disclosed to certain other persons or entities, including the Attorney General’s Office, the Office of Administrative Hearings, any subsequent reviewing court, and any other government agency deemed necessary by MDH. Under the MGDPA, as a consumer, you are not required to cooperate with the MDH. However, your lack of cooperation could hinder MDH’s ability to investigate the matter. Technicians and establishments licensed by MDH are required by statute to cooperate with an MDH investigation. A practitioner who refuses to cooperate may be subject to disciplinary action. Once an investigation is closed, the investigative data is classified as private data pursuant to Minnesota Statute 13.41. Orders for hearing and specification of a final disciplinary action are public data pursuant to Minnesota Statute 13.41.
NARRATIVE DESCRIPTION OF COMPLAINT

In space below, please provide as much information about what happened. If possible, please provide the name and contact information of any individual who either may have witnessed the body art procedure or have additional information. You may use additional sheets; however, if you do, please sign and date each additional sheet. Enclose with your complaint copies of any documentation you have including, but not limited to: medical records, receipts, photographs, aftercare instructions, business cards, advertisements, and any other documentation you believe is related. Your rights are described in the Tennessen Warning included in this packet.

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Signature: ____________________________ Date: __________________________
Client Records Waiver Authorization

(Please complete, sign and date)

TO: ______________________________________ (Client’s physician, clinic, or applicable provider)

Having been informed of my rights under the Minnesota Government Data Practices Act, I authorize the Body Art Establishment named above to furnish a copy of my records in their possession, to allow those records to be inspected and/or copied by the MDH, and any other appropriate state or federal government agencies. I further authorize the Body Art Establishment and its employees to testify without limitation as to any and all of their findings and/or the procedure(s) referred to in said records. I release MDH, its agent(s), and the agent(s) of the Attorney General's Office representing MDH from liability for so releasing said records or said testifying, and I waive my privileges afforded me by the law relating to the disclosure of introduction into evidence of health information.

This consent is subject to express revocation at any time except to the extent that action has been taken in reliance on this consent. Unless express revocation is made, this consent is revoked upon conclusion of MDH’s investigation. A photocopy of this release shall be as valid as the original. I also agree to permit and hereby authorize MDH to use my name and/or records in any legal proceeding arising out of this matter.

Date: _______________________________________________________________

Name: (please print) ____________________________________________________

Signature: ____________________________________________________________

If not signed by the consumer named in this complaint, what is your relationship to the consumer? ____________________________________________________________