

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

TENNESSEN 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.

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? _____