

TATTOO & BODY PIERCING PROGRAM COMPLAINT FORM

This document is considered a public record and subject to Texas Open Records laws which could ultimately be provided to anyone making an official request. Anonymous complainants will not be notified of the results of the investigation (if applicable).

INSTRUCTIONS:

- Complete the fields below. If you are uncertain, please enter "N/A" in the corresponding field(s).
- If you wish to remain anonymous, enter "Anonymous" in the Complainant Name field **ONLY** and **DO NOT** provide any other information in the "Complainant Information" section.
- Provide specific details related to your experience in the "Complaint Summary" section on page 2.
- Email this completed form to: ttbphelp@dshs.texas.gov or fax to 512-483-3414.

Complainant Information	
Complainant Name:	Complaint Date:
Complainant Mailing Address:	
Contact Phone Number and Email Address:	Name of Injured Party (If applicable):
Tattoo or Body Piercing Studio Information	
Name of Tattoo Studio or Body Piercing Studio:	Physical Address of Tattoo or Body Piercing Studio location:
Name of Owner of Tattoo or Body Piercing Studio and License number (If known):	
Contact Phone / Email / Social Media of Tattoo or Body Piercing Studio (If known):	Name of Artist or Body Piercer:
<input type="checkbox"/> Tattoo Studio License: Studio not licensed, license expired and/or studio ownership or physical location does not match posted license <input type="checkbox"/> Body Piercing Studio License: Studio not licensed, license expired and/or ownership or physical location does not match posted license <input type="checkbox"/> Unsanitary conditions and/or Improper waste disposal <input type="checkbox"/> Studio is in disrepair (i.e., cracked vinyl on worktable/chair, peeling paint, cracks in tile, leaks in ceiling, etc.) <input type="checkbox"/> Studio located within a personal residence, improper separation of studio from personal residence and/or physical location is not compliant with local or city zoning codes or regulations <input type="checkbox"/> Tattoo or Body Piercing services provided to a visibly intoxicated person/client and/ or consumption of alcohol, smoking and/or presence of animals/pets/vermin on premises	<input type="checkbox"/> Tattooing or Body Piercing services provided to a person under the age of 18 (lack of parental consent for body piercing services to a minor) <input type="checkbox"/> Report of injury/infection/allergic reaction related to tattoo/body piercing services provided <input type="checkbox"/> Studio not appropriately identifying client and/or documenting/maintaining client information <input type="checkbox"/> Studio not providing adequate oral/written aftercare instructions <input type="checkbox"/> Improper equipment/jewelry sterilization practices <input type="checkbox"/> Artist or Piercer not demonstrating proper aseptic technique (i.e., improper hand washing, not wearing single-use medical grade gloves, improper skin and/or body area preparation to be tattooed/pierced, etc.) <input type="checkbox"/> No physical separation of tattoo/body piercing area and/or sterilization area from other activities (i.e., lobby area, retail area, breakroom area, other salon services, etc.) <input type="checkbox"/> Other _____

Complaint Summary

1. Describe your complaint in detail and include the events that led to your complaint. Include dates and location of tattoo or body piercing services received any topicals and medications prescribed. If you have supporting documentation to provide, such as photos, videos, or links to websites, please indicate and you will receive instructions from the Agency regarding how to submit this information.

2. If medical attention was required for an infection or allergic reaction resulting from an application of a tattoo or body piercing, please provide below the name and address of the health care practitioner and any other relevant information.

3. If a law enforcement entity was contacted, please provide below details of the report to include the name of the agency, contact person, and report number (if applicable).