



**ERIE COUNTY
DEPARTMENT OF HEALTH**

Complaint Form: Tattoo/Piercing of a Minor

Complaint Form alleging a violation of:
ARTICLE XXII of the Erie County Sanitary Code – Tattoo Facilities, OR
Local Law No. 9-2000 – Body Piercing of Minors

**Complete this form and return to:
ERIE COUNTY DEPARTMENT OF HEALTH
503 KENSINGTON AVENUE
BUFFALO, NEW YORK 14214**

Parent/Guardian Name _____

Address _____

City/State/Zip _____

Home Phone # _____ Work # _____ Cell # _____

Relation to Child _____

Child's Name _____ Child's Date of Birth ____/____/____

Name of Tattoo/Piercing Facility _____

Address of Facility _____

City/State/Zip _____

Date and time minor was tattooed/pierced _____

Name/Description of tattoo artist/piercing artist _____

Brief statement describing alleged violation (continue on separate page if necessary)

By signing this complaint, signer affirms that statements are true under the laws against perjury. Complainant and minor agree to attend a hearing and be prepared to testify under oath if this case results in an administrative hearing. Failure to attend the hearing will result in dismissal of charges.

Signature of Parent/Guardian _____ Date _____