



Rhode Island Department of Health
Smoking Complaint Form

I. Date Filed: _____ Date & Time of Smoking Issue: _____

II. Location: ___ Restaurant/Bar ___ Home ___ Transit (car, bus) ___ Outdoor area (beach, park)
___ Other (please describe): _____

III. No Smoking or Smoking Prohibited signs were posted in the building and or (near) location of the smoking:
___ Yes ___ No ___ Unknown/not sure

IV. Please tell us about the smoking issue. Please include the name of the business/place and the name of any
authority of that business or place with whom you spoke.

Multiple horizontal lines for text entry under section IV.

V. Your Information. Are you a(n):
___ Employee/worker ___ Customer ___ Visitor ___ Other (specify): _____

VI. Please provide your contact information. If filing a formal complaint, please sign the form.

Print first and last name: _____

Address: _____

Phone: _____ Email: _____

May we contact you: ___ No ___ Yes If yes, what is the best time to contact you? _____

Signature: _____

VII. For more information about the State of Rhode Island Public Health and Workplace Safety Act, RIGL 23-20.10, call the Rhode
Island Department of Health at 401-222-5960.

Please return this form to:
Rhode Island Department of Health, Tobacco Control Program
Three Capitol Hill, Room 409
Providence, RI 02908

For reference the State of Rhode Island Public Health and Workplace Safety Act, RIGL 23-20.10, is available at:
webservice.rilin.state.ri.us/Statutes/TITLE23/23-20.10/INDEX.HTM

To file a complaint online, visit: health.ri.gov/contact/
For free services to help quit smoking, please call 1-800-QUIT-NOW (1-800-784-8669) or visit: quitnowri.com