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.
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________
    ____________________________________________________________________________________________

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’s Tobacco Control Program at (401) 222-3293.

     Please return this form to:
     Rhode Island Department of Health, Tobacco Control Program
     3 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:
     http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-20.10/INDEX.HTM

     To file a complaint online, visit www.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.