

Rules and Regulations Pertaining to Smoke-Free Public Places and Workplaces
[R23-20.10 SMOKE]

Public Place or Workplace Smoking Complaint Form

Date Filed: _____

I. FACILITY/LOCATION INFORMATION

A. Location/address of smoking violation. [Please provide facility name if known.]:

B. Source(s) of smoking violation. [Please check all that apply.]:

Employee(s)/worker(s) Customer(s)/visitor(s) Unknown/not sure
 Other (specify) _____

C. Date/time of smoking violation:

D. **No Smoking** or **Smoking Prohibited** signs were posted in or near the location of the smoking violation:

Yes No Unknown/not sure

E. Please provide a brief description of smoking violation. Please include the name of any supervisor/individual in charge that you spoke with concerning the smoking violation:

F. If this is a complaint about a smoking violation in your workplace, please also provide the name, title/position and phone number (if known) of the official in charge of smoking policy for your workplace:

II. COMPLAINANT INFORMATION

A. Please identify your status with regard to the location of the smoking violation:

Employee/worker Customer Visitor
 Other (specify) _____

B. Name, signature, address and phone number of person making the complaint:

Signature _____
Printed Name _____
Address _____

Phone Number _____ Best time to call _____

C. Other name(s) and signature(s) of complainants ***[OPTIONAL]:***

SIGNATURE	PRINTED NAME
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please return this form to:

Tobacco Control Program

3 Capitol Hill, Room 409

Providence, RI 02908-5097

For information about smoking cessation programs: 1-800-879-8678