

*Clerical Use Only:*  
 Complaint No. \_\_\_\_\_

## SMOKE FREE LAW VIOLATION COMPLAINT FORM

**SMOKE FREE 129 (Food Service Establishment)**  
 Environmental Health Division  
 FAX: (810) 985-5533  
 PHONE: (810) 987-5306

**SMOKE FREE 126 (Workplace)**  
 Health Education Division  
 FAX: (810) 985-2150  
 PHONE: (810) 987-5300

**DESCRIPTION:**

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**LOCATION OF COMPLAINT:**

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / Township: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

THE FOLLOWING INFORMATION IS **REQUIRED** TO PROCESS THIS REQUEST AND WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.

**REPORTED BY:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY**

<b>DATE RECEIVED:</b>	<b>RECEIVED BY:</b>
<b>DATE INSPECTED:</b>	<b>LOGGED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**INVESTIGATION RESULTS:**

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**SEE ATTACHED**

**REFERRED TO:**  MDCH \_\_\_\_\_  Local Township / City \_\_\_\_\_

MDA \_\_\_\_\_  Other \_\_\_\_\_

**STAFF SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_