SMOKE FREE LAW VIOLATION COMPLAINT FORM

☐ SMOKE FREE 129 (Food Service Establishment)  ☐ SMOKE FREE 126 (Workplace)

Environmental Health Division  Health Education Division
FAX: (810) 985-5533  FAX: (810) 985-2150
PHONE: (810) 987-5306  PHONE: (810) 987-5300

DESCRIPTION:

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

DATE RECEIVED: ___________________________ RECEIVED BY: ___________________________

DATE INSPECTED: ___________________________ LOGGED: □ YES □ NO

INVESTIGATION RESULTS:

SEE ATTACHED □

REFERRED TO: □ MDCH ___________________________ □ Local Township / City ___________________________

□ MDA ___________________________ □ Other ___________________________

STAFF SIGNATURE: ___________________________ DATE: __________________________

ST. CLAIR COUNTY HEALTH DEPARTMENT
3415 28TH STREET
PORT HURON MI 48060

Clerical Use Only:
Complaint No. ______

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