



**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 Rhode Island Smoke Free Public Places & Workplaces law call the Rhode Island Department of Health's Tobacco Control Program 222-3293.

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

To file a complaint online go to www.health.ri.gov
Information about cessation programs: 1 800 QUIT NOW (784 8669) or www.quitnowri.com