

**Public Health Clean Indoor Air Regulation  
Complaint Form\***

Date of Complaint \_\_\_\_\_

**Alleged Violator Information:**

Name of Business: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Please describe the violation (s), location of violation and date of violation and any other information that will clarify the complaint: *(Violation codes and explanations are on the back of this form.)*

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

If you are an employee of this business, please describe any steps you have taken to address the complaint within your organization:

Complainant's Name: \_\_\_\_\_  Employee  Citizen

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

Telephone: \_\_\_\_\_

Complainant's Signature (if applicable) \_\_\_\_\_

Northwest Michigan Community Health Agency Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Please mail, fax or email to:

Teresa Sington  
Tobacco Reduction Coalition Coordinator  
209 Portage Dr.  
Bellaire, MI 49615  
Fax: 231-533-8450  
t.sington@nwhealth.org

*\*All citizen complaints will be followed up within 3 weeks*

**Public Health Clean Indoor Air Regulation  
Violations Codes & Requirements**

*Please check all that apply.*

<b>Infraction Noted</b>	<b>Regulation Section</b>	<b>Requirement</b>
1. _____	Sec. 1005	Smoking is prohibited in enclosed public places and worksites.
2. _____	Sec. 1006B	Implement, make known and maintain a written smoking policy with minimum supplied wording or requirements.
3. _____	Sec. 1006C	Communications to employees. _____ At time of employment.
4. _____	Sec. 1006D	Provide written policy upon request to any existing or prospective employee.
5. _____	Sec. 1007	Prohibit smoking near entrances, windows and ventilation systems. ( i.e., Reasonable distance) Smoking receptacles outside no smoking area.
6. _____	Sec. 1011	Non-retaliation – no person or employer shall discharge, refuse to hire or in any manner retaliate against any employee, applicant for employment or customer any right to a smoke-free environment afforded by this regulation.

To see the complete regulation, please visit our website at [www.nwhealth.org](http://www.nwhealth.org)

**FOR HEALTH DEPARTMENT USE ONLY:**

DATE COMPLAINT RECEIVED: \_\_\_\_\_  
 IS ACTION NECESSARY:      YES              NO  
 DATE COMPLAINT REQUIRED: \_\_\_\_\_  
 DATE LETTER FROM HEALTH DEPARTMENT SENT: \_\_\_\_\_  
 RESPONSE FROM BUSINESS: 1. RESOLVED      2. NOT RESOLVED      3. NO RESPONSE  
 PHONE CALL  
 LETTER INDICATING CITATION WILL BE SENT IF NO RESPONSE  
 RESPONSE  
 ANONYMOUS VISIT  
 CITATION PROCEDURES