

**PUBLIC ACT NO. 188 OF 2009**  
**PART 126 – COMPLAINT FORM**

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

County in which the violation occurred \_\_\_\_\_

**Alleged Violator Information:**

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

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

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

Name of Owner and/or Contact Person: \_\_\_\_\_

Please clarify the nature of the complaint by circling Yes or No:

1. Are no-smoking signs clearly and conspicuously posted at the entrances to the building?  
Yes/No
2. Are no-smoking signs clearly and conspicuously posted inside the building or area where smoking is prohibited? Yes/No
3. Did you see ashtrays or other smoking paraphernalia in areas where smoking is prohibited?  
Yes/No
4. Did you see smoking in the establishment? Yes/No
5. Did you make owner/operator/management aware of potential violations? Yes/No
6. Did the owner/operator/management attempt to stop the violation:
  - a. By informing the individual that was smoking that smoking is a violation of the law and to refrain from smoking.

Please describe the violation(s), location of violation and date of violation and any other information that will clarify the complaint:

Please list the names or roles of those violating the law: (Example: Bartender, Server, Customer, Employee)

Please describe any steps you took to bring the violation to the attention of the owner/operator of the business:

Complainant's Name: \_\_\_\_\_

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

\_\_\_\_\_

E-mail: \_\_\_\_\_

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

Complainant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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THIS AREA FOR DEPARTMENTAL USE ONLY

Date Complaint Letter Drafted:

Date Complaint Letter Sent: