

Rules and Regulations Pertaining to Smoke-Free Public Places and Workplaces  
[R23-20.10 SMOKE]

**Public Place or Workplace Smoking Complaint Form**

Date Filed: \_\_\_\_\_

**I. FACILITY/LOCATION INFORMATION**

A. Location/address of smoking violation. [Please provide facility name if known.]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Source(s) of smoking violation. [Please check all that apply.]:

Employee(s)/worker(s)     Customer(s)/visitor(s)     Unknown/not sure  
 Other (specify) \_\_\_\_\_

C. Date/time of smoking violation:

\_\_\_\_\_

D. **No Smoking** or **Smoking Prohibited** signs were posted in or near the location of the smoking violation:

Yes     No     Unknown/not sure

E. Please provide a brief description of smoking violation. Please include the name of any supervisor/individual in charge that you spoke with concerning the smoking violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. If this is a complaint about a smoking violation in your workplace, please also provide the name, title/position and phone number (if known) of the official in charge of smoking policy for your workplace:

\_\_\_\_\_  
\_\_\_\_\_

**II. COMPLAINANT INFORMATION**

A. Please identify your status with regard to the location of the smoking violation:

Employee/worker       Customer       Visitor  
 Other (specify) \_\_\_\_\_

B. Name, signature, address and phone number of person making the complaint:

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

C. Other name(s) and signature(s) of complainants ***[OPTIONAL]***:

<b>SIGNATURE</b>	<b>PRINTED NAME</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please return this form to:

Robert R. Vanderslice, Ph.D.  
Chief, Office of Environmental Health Risk Assessment  
Rhode Island Department of Health  
3 Capitol Hill, Room 201  
Providence, RI 02908-5097

For information about smoking cessation programs: 1-800-879-8678