



Ottawa County Health Department

Smoke-Free Air Complaint Form

Complete this form to report a potential violation of the Michigan Smoke-Free Air Law or the Ottawa County Smoke-Free Indoor Air Regulation.

Fields marked with an asterisk (*) must be complete in order for the complaint to be investigated.

____/____/____

* Today's Date

____/____/____

*Date of potential violation

____:____ am pm

Time of potential violation

*Name of business or establishment where potential violation occurred

*Address

*City

Zip Code

*Nature of Complaint: Please answer question A or B. You do not need to answer both.

A. Observed the following violation within a food service or bar establishment:

(You may choose more than one)

- Smoking inside establishment including but not limited to the dining area, bar area, restroom, or entryway
- Ashtrays present
- "No Smoking" signs not posted
- Smoking in kitchen, break room or other non-public area
- Smoking in an outdoor area intended for eating or drinking
- Person in charge fails to inform violator(s) to stop
- OTHER: Please describe in detail below

B. Observed the following violation within a non-food/non-bar establishment:

(You may choose more than one)

- Smoking in any indoor area including but not limited to the general work area, a private office, break room, stairway, or retail area
- Ashtrays present
- "No Smoking" signs not posted
- Smoking in an outdoor area within 25 feet of any entrance, operable window, ventilation intake system, or loading dock
- Smoking in a shared company vehicle
- OTHER: Please describe in detail below

(OVER)

