

**Comprehensive Tobacco Control Program
New Jersey Department of Health
PO Box 355
Trenton, NJ 08625-0355
NJ SMOKE-FREE AIR ACT / COMPLAINT**

Date Filed

Information contained in this form is subject to disclosure and public access pursuant to N.J.S.A. 47:1A-1, the "Open Public Records Law."

If you would like to make an anonymous request for investigation, you can do so by contacting your local health agency. You can find out which local health agency would have jurisdiction by searching the list of local health agencies available at <http://nj.gov/health/lh/directory/lhdselectcounty.htm>, or by calling (609) 292-4993.

SECTION I - ESTABLISHMENT INFORMATION

1. Name of Establishment		2. Source(s) of Smoking Violation: <i>(Check all that apply)</i>	
Street Address		<input type="checkbox"/> Employee(s)/Worker(s) <input type="checkbox"/> Customer(s)/Visitor(s) <input type="checkbox"/> Owner/Operator (failure to enforce) <input type="checkbox"/> Unknown/Not Sure <input type="checkbox"/> Other (specify): _____	
City	State	Zip Code	
3. Date and Time of Smoking Violation		4. Were <i>No Smoking</i> or <i>Smoking Prohibited</i> signs posted in or near the location of the smoking violation?	
<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Not Sure	
5. Brief Description of Smoking Violation <i>(include the name of any supervisor/individual in charge that you spoke with concerning the smoking violation):</i>			
6. If this is a complaint about a smoking violation in your workplace, provide the name, title or position, and telephone number of the official in charge of smoking policy for your workplace:			

SECTION II - COMPLAINANT INFORMATION

7. Name of Complainant		10. Status of Complainant	
8. Address		<input type="checkbox"/> Employee/Worker <input type="checkbox"/> Owner <input type="checkbox"/> Customer <input type="checkbox"/> Operator <input type="checkbox"/> Visitor or Guest <input type="checkbox"/> Other (specify): _____	
9. City, State, Zip Code		11. Telephone Number	12. Best Time to Call

CERTIFICATION: *I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.*

13. Signature	14. Date
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**NJ SMOKE-FREE AIR ACT / COMPLAINT
(Continued)**

15. Name of Other Complainant(s) or Witness(es) *		18. Status of Complainant <input type="checkbox"/> Employee/Worker <input type="checkbox"/> Owner <input type="checkbox"/> Customer <input type="checkbox"/> Operator <input type="checkbox"/> Visitor or Guest <input type="checkbox"/> Other (specify): _____	
16. Address			
17. City, State, Zip Code		19. Telephone Number	20. Best Time to Call
CERTIFICATION: <i>I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.</i>			
21. Signature		22. Date	
23. Name of Other Complainant(s) or Witness(es) *		26. Status of Complainant <input type="checkbox"/> Employee/Worker <input type="checkbox"/> Owner <input type="checkbox"/> Customer <input type="checkbox"/> Operator <input type="checkbox"/> Visitor or Guest <input type="checkbox"/> Other (specify): _____	
24. Address			
25. City, State, Zip Code		27. Telephone Number	28. Best Time to Call
CERTIFICATION: <i>I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.</i>			
29. Signature		30. Date	

* Attach additional sheet as needed and provided all requested information for any additional complainants/witnesses.