



Smoke-Free Air Complaint Form:

Complete this form to report a potential violation of the Michigan Smoke-Free Air Law or the Muskegon County Clean Indoor Air Regulation. Fields with the asterisk () must be completed to be investigated.*

____/____/____ ____/____/____ ____:____ am pm
* Today's Date *Date of Potential Violation *Time of Potential Violation

*Name of business or establishment where potential violation occurred

*Street Address of Business *Address of Business – City Zip Code of Business

*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 smoking
- 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 30 feet of any entrance, operable window, ventilation intake system, or loading dock
- Smoking in a company vehicle
- OTHER: Please describe in detail below:

*Please describe the violation in further detail in order to aid in the investigation:

*Did you attempt to resolve this issue prior to filing this complaint? Yes No
If yes, describe in detail:

*Please read the statement and check the box:

I understand that all of the information regarding this complaint becomes public record. I understand that my name, if included below, may be released only upon request. While my name and contact information is not required, it may aid in the investigation of my complaint.

Optional:

First Name

Last Name

Area Code + Phone Number

Email Address

Mail completed form to:
Public Health – Muskegon County
Tobacco Compliance
209 E. Apple Avenue
Muskegon, MI 49442

Fax: 231-724-3113
Phone: 231-724-6350

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