Smoke-Free Air Violation Complaint Form:

Instructions: Complete this form to report a potential violation of the Michigan Smoke-Free Air Law or the Muskegon County Clean Indoor Air Regulation by a food service or bar establishment only.



When complete, fax it to (231) 724-3366 or mail it to: Public Health Muskegon County, Attn: Tobacco Compliance, 209 E Apple Ave, Muskegon, MI 49442.

If your complaint involves a worksite or public place (not a food service establishment or bar), please call the Compliance Evaluator at Public Health – Muskegon County at (231) 724-1263.

Fields	s with the asterisk (*) must be c	ompleted to be investigated.	
	y's Date:		
		*Time of Potential Violation	
*Addr	ess:	City:	Zip:
*Natu	re of Complaint:		
I obse	erved the following violation(s) with	hin a FOOD SERVICE or BAR establis	shment:
(You	may choose more than one)		
	Smoking inside, 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 during designated non-smoking hours		
	Person in charge fails to inform violator(s) to stop smoking		
	OTHER: Please describe in detail below:		
*Did y	ou bring this to the attention of the	e manager prior to filing this complaint	? 🗌 Yes 🗌 No
If yes	, describe in detail:		
*Pleas	se read the statement and check t	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.		
Optio	nal:		
Name	ý. P	hone· Fmail·	