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| **New Jersey Department of Health**  **Consumer, Environmental and Occupational Health Service**  **Indoor Environments Program**  **PO Box 369**  **Trenton, NJ 08625-0369**  **NJ SMOKE-FREE AIR ACT / COMPLAINT** |  |
| Date Filed |
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*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.*

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| **SECTION I - ESTABLISHMENT INFORMATION** | | | | |
| 1. Name of Establishment | | | 2. Source(s) of Smoking Violation:  *(Check all that apply)*  Employee(s)/Worker(s)  Customer(s)/Visitor(s)  Owner/Operator (failure to enforce)  Unknown/Not Sure  Other (specify):  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| Street Address | | |
| City State Zip Code | | |
| 3. Date and Time of Smoking Violation    AM PM | 4. Were *No Smoking* or *Smoking Prohibited* signs posted in or near the location of the smoking violation?  Yes No Unknown/Not Sure | | | |
| 5. Brief Description of Smoking Violation *(include the name of any supervisor/individual in charge that you spoke with concerning the smoking violation)*: | | | | |
| 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  Employee/Worker Owner  Customer Operator  Visitor or Guest  Other (specify):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| 8. Address | |
| 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 | |
| 15. Name of Other Complainant(s) or Witness(es) \* | | 18. Status of Complainant  Employee/Worker Owner  Customer Operator  Visitor or Guest  Other (specify):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| 16. Address | |
| 17. City, State, Zip Code | | 19. Telephone Number | | 20. 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.* | | | | |
| 21. Signature | | | 22. Date | |
| 23. Name of Other Complainant(s) or Witness(es) \* | | 26. Status of Complainant  Employee/Worker Owner  Customer Operator  Visitor or Guest  Other (specify):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| 24. Address | |
| 25. City, State, Zip Code | | 27. Telephone Number | | 28. 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.* | | | | |
| 29. Signature | | | 30. Date | |

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