



Rhode Island Department of Health
Smoking Complaint Form

I. Date Filed: _____ Date & Time of smoking issue: _____

II. Location: ___ Restaurant/Bar ___ Home ___ Transit (car, bus..) ___ Outdoor area (beach, park)
___ Other (please describe): _____

III. No Smoking or Smoking Prohibited signs were posted in the building and or (near) location of the smoking:
___ Yes ___ No ___ Unknown/not sure

IV. Please tell us about the smoking issue. Please include the name of the business/place and the name of any authority
of that business or place with whom you spoke.

Multiple horizontal lines for text entry.

V. Your Information. Are you a(n):
___ Employee/worker ___ Customer ___ Visitor ___ Other (specify): _____

VI. Please provide your contact information. If filing a formal complaint, please sign the form.

Print first and last name: _____

Address: _____

Phone: _____ Email: _____

May we contact you: ___ No ___ Yes If yes, what is the best time to contact you? _____

Signature: _____

VII. For more information about the State of Rhode Island Public Health and Workplace Safety Act, RIGL 23-20.10, call the Rhode
Island Department of Health's Tobacco Control Program at (401) 222-3293.

Please return this form to:
Rhode Island Department of Health, Tobacco Control Program
3 Capitol Hill, Room 409
Providence, RI 02908

For reference the State of Rhode Island Public Health and Workplace Safety Act, RIGL 23-20.10, is available at:
http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-20.10/INDEX.HTM

To file a complaint online, visit www.health.ri.gov/contact/
For free services to help quit smoking, please call: 1-800-QUIT NOW (1-800-784-8669) or visit quitnowri.com.