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.

________________________________________________________________________________________
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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 at 401-222-5960.

Please return this form to:
Rhode Island Department of Health, Tobacco Control Program
Three 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:
webserver.rilin.state.ri.us/Statutes/TITLE23/23-20.10/INDEX.HTM

To file a complaint online, visit: 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