

**Smoke Free Workplace Complaint Form**  
**Midland County Smoke Free Act 188, Public Acts of 2009**

Date of Complaint: \_\_\_\_\_ Time Received: \_\_\_\_\_

**Complainant Information**

Name of Complainant: \_\_\_\_\_

Phone Number of Complainant: \_\_\_\_\_

Address of Complainant: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Alleged Violator Contact Information**

Licensed Food Service Establishment  Other Public Facility

Name of Business or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Person in Charge: \_\_\_\_\_

**Alleged violation information:**

Lack of "no smoking" signs or the international "no smoking" symbol at all entrances where smoking is prohibited.

Details: \_\_\_\_\_

Ashtrays or other smoking paraphernalia found in an area where smoking is prohibited.

Details: \_\_\_\_\_

Not informing individuals who are smoking that they are violating state law and subject to penalties

Details: \_\_\_\_\_

Not refusing service to an individual who violates the smoke free law.

Details: \_\_\_\_\_

Not asking an individual who violates the smoke-free law to refrain from smoking and if the individual continues to smoke, not asking individual to leave non-smoking area.

Details: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Date Letter Sent: \_\_\_\_\_

Date of Operator Reply: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Inspection Findings: \_\_\_\_\_

Use reverse side for additional inspection comments

