



Secondhand Smoke Complaint Referral Form

Please note that the information in the box below must be complete
in order for the Massachusetts Department of Public Health to investigate this complaint.

Name of Business _____		
Business Address _____	City/Town _____	Zip Code _____
Date of incident _____	Approximate time of incident _____ AM PM	
Specify the location within the establishment of the incident:		
Private Office <input type="checkbox"/>	Primary Work Area <input type="checkbox"/>	Employee Lounge <input type="checkbox"/>
Men's Restroom <input type="checkbox"/>	Women's Restroom <input type="checkbox"/>	Restroom <input type="checkbox"/>
Kitchen <input type="checkbox"/>	Storeroom <input type="checkbox"/>	Stairs <input type="checkbox"/>
Dining Room <input type="checkbox"/>	Bar (Area) <input type="checkbox"/>	Hallway <input type="checkbox"/>
Other <input type="checkbox"/>	Describe other: _____	
Who was smoking? (check as many as apply) Customer <input type="checkbox"/> Employee <input type="checkbox"/> Unknown <input type="checkbox"/>		
Additional Information/Optional Comments: _____		

Optional information:

Name of person filing complaint: _____ Phone: _____

Address: _____ City/Town: _____ Zip Code: _____

This form should be used to report suspected violations of the Massachusetts Smoke-free Workplace Law.

If you have additional questions, please call 1-800-992-1895.

Fax or email your completed form to: Fax: 617-624-5921 / Email: Richard.Lunden@state.ma.us

Or mail your completed form to: Massachusetts Tobacco Cessation and Prevention Program
Massachusetts Department of Public Health
250 Washington Street, 4th floor
Boston, MA 02108-4619