# MA-State-SealSecondhand Smoke Complaint Referral Form

**Please note that the information in the box below must be complete**

**for the Massachusetts Department of Public Health to investigate this complaint.**

## Name of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of incident **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Approximate time of incident \_\_\_\_\_\_\_\_\_\_\_ AM PM

Specify the location within the establishment of the incident:

Private Office  Primary Work Area  Employee Lounge

Men’s Restroom  Women’s Restroom  Restroom

Kitchen  Storeroom  Stairs

Dining Room  Bar (Area)  Hallway

Other  Describe other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who was smoking? (check as many as apply) Customer  Employee  Unknown

### 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.

Email your completed form to: [SFWPL@state.ma.us](mailto:SFWPL@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

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