# 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

Or mail your completed form to: Massachusetts Tobacco Cessation and Prevention Program

 Massachusetts Department of Public Health

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