

<p align="center"><b>Smoke Free Workplace Violation and Complaint Form</b></p>	<p align="center"><b>Grand Traverse County Environmental Health Division 2650 LaFranier Road Traverse City, MI 49686 (231) 995-6051 FAX: (231) 995-6033</b></p>	
<b>Facility Name:</b>	<b>Phone:</b>	
<b>Responsible Individual:</b>	<b>Township:</b>	
<b>Address:</b>	<b>Date of Complaint:</b>	
<b>Type of Use: (restaurant, retail)</b>	<b>Time of Complaint:</b>	
<b>Individual Reporting Complaint:</b>	<b>Phone:</b>	
<b>Complainant's Signature:</b>	<b>Date:</b>	

Complainant's name will be released if requested under the Freedom of Information Act.

<b>Details of Complaint:</b>

\_\_\_\_\_ **SPACE BELOW FOR GRAND TRAVERSE COUNTY HEALTH DEPARTMENT USE** \_\_\_\_\_

**Complaint No.** \_\_\_\_\_

**Date Received** \_\_\_\_\_

**Violation of Part 126** \_\_\_\_\_

**Violation of Part 129** \_\_\_\_\_

**Tax ID:** \_\_\_\_\_