

Clerical Use Only:
 Complaint No. _____

SMOKE FREE LAW VIOLATION COMPLAINT FORM

SMOKE FREE 129 (Food Service Establishment)
 Environmental Health Division
 FAX: (810) 985-5533
 PHONE: (810) 987-5306

SMOKE FREE 126 (Workplace)
 Health Education Division
 FAX: (810) 985-2150
 PHONE: (810) 987-5300

DESCRIPTION:

LOCATION OF COMPLAINT: Facility Name: _____

Street Address: _____

City / Township: _____ State: _____ Zip: _____

THE FOLLOWING INFORMATION IS **REQUIRED** TO PROCESS THIS REQUEST AND WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.

REPORTED BY: Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

SIGNATURE: _____ **DATE:** _____

FOR HEALTH DEPARTMENT USE ONLY

DATE RECEIVED:	RECEIVED BY:
DATE INSPECTED:	LOGGED: <input type="checkbox"/> YES <input type="checkbox"/> NO

INVESTIGATION RESULTS:

SEE ATTACHED

REFERRED TO: MDCH _____ Local Township / City _____

MDA _____ Other _____

STAFF SIGNATURE: _____ **DATE:** _____