

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES

INDOOR SMOKING ACT (RSA 155: 64-77)

INSTRUCTIONS FOR COMPLAINT FORM

When registering a complaint with the New Hampshire Department of Health and Human Services regarding RSA 155: 64-77, the New Hampshire Indoor Smoking Act, please complete the complaint form. State law protects confidentiality. Your name will not be given out unless you give us specific written approval.

Please sign and date the complaint form and return it to the following address:

NH Department of Health and Human Services
Tobacco Prevention Program
29 Hazen Drive
Concord, NH 03301 - 6504

If you have questions regarding the form, please call (603) 271-6891 or 1-800-852-3345, Extension 6891.

Please Note: Before a complaint is registered with the Department of Health and Human Services, pursuant to RSA 155:73, the person in charge must be notified and allowed one calendar month to remedy the situation.



New Hampshire Department of Health & Human Services
Indoor Smoking Act Complaint Form

Your Name: _____ Telephone No.: () _____

Your Address: _____
Street City/Town Zip

Please tell us what happened: _____ When did it happen? ___/___/___

Facility Name: _____
Name of Facility

Address: _____
Street City/Town Zip

Tel. No. of Facility: () _____ Type of Facility: _____

Name of Person in Charge: _____ Title: _____

Did you talk to the person in charge of the facility? Y N When? ___/___/___

How did the person in charge respond to your complaint: _____

State law protects confidentiality. Your name will not be given out unless you give us specific written approval. Do you want your name revealed? () Yes () No

Signature of complainant: _____ Date: ___/___/___

(You must sign and date the Complaint Form in order for it to be formally investigated)

For further information call the Department of Health and Human Services, Tobacco Prevention and Control Program at 1-800-852-3345, Ext. 6891 or (603) 271-6891

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Concord, NH 03301 - 6504