

Smoke-free Workplaces – Manual Complaint Form

Today's Date: _____

***Location of Smoking Violation:**

***Business name:** _____

***Address:** _____ Zip code: _____

Phone number: _____ Ward: _____

***Date of occurrence:** _____ ***Time of occurrence:** _____ AM PM

***Description of Violation (check all that apply):**

- Customer smoking
- Ashtray present in no-smoking area
- Smoking allowed in no-smoking area
- Person in charge fails to inform violator(s) to stop smoking
- Employee/Owner smoking
- 'No-Smoking' sign not posted
- Other (describe below)

*** Type of establishment:** Restaurant/Tavern School Office Other

Location within establishment where violation was observed:

- Dining room
- Stairwell
- Lobby
- Kitchen
- Other

Misc comment

Smoking Complaint Reported By (optional):

Your name:

Phone number (Day): _____ Phone number (Evening): _____

Your Street Address: _____

City: _____ State: _____ Zip: _____

**Please complete and return all forms to:
Tobacco Control Program 899 N. Capitol St., NE 3rd Floor Washington, DC 20002
or email this form to tobaccocontrol@dc.gov**