



Smoke-free Illinois Act **COMPLAINT FORM**

Complete this form to lodge a complaint regarding a potential violation of the Smoke-free Illinois Act. Please note that some information must be completed in order for the complaint to be investigated. Required information is marked with an asterisk (*).

The Illinois Department of Public Health will protect the confidentiality of the complainant and will not disclose the complainant's name unless he or she consents to the disclosure. According to Section 55 of the Smoke-free Illinois Act, no individual may be discriminated against in any manner because of the exercise of any rights afforded by this act.

Please check one of the boxes below to indicate your preference:

I consent to releasing my name and contact information to the local enforcing agency.

I do not consent to releasing my name and contact information to the local enforcing agency.

Type or print legibly in blue or black ink and mail the completed form to:

Illinois Department of Public Health
Tobacco-Free Communities Program
535 W. Jefferson St., 2nd Floor
Springfield, IL 62761

CERTIFICATION: I certify that the following statements made by me are true.

STEP 1

Citizen Complaint Information

Name _____

Phone Number (_____) _____
Area Code

E-mail _____

STEP 2

Complaint Information

Sufficient information, including the name and exact physical address, must be provided in order for your complaint to be addressed.

Type of business*

Restaurant	Bowling Alley
Bar/Nightclub	Hotel/Motel
Office Building	Public or State Owned Vehicle
Retail Store	Health Care Facility
Commercial Establishment	Gaming Facility
Private Club	Other (please specify)
Shopping Mall	_____

Business Name* _____
(or place of violation)

Street Address of Violation* _____
(or cross street address if exact street address is unknown)

City* _____ ZIP Code _____

County* _____

Phone Number of Business (_____) _____
Area Code

Business Owner's Name _____
(if known)

STEP 3

* Complaint Description (CHECK ALL THAT APPLY):

- Smoking in a public place or workplace where prohibited Section 15
- Smoking within 15 feet from entrances, exits, windows
that open, or ventilation intakes Section 15
- Smoking in a vehicle owned, leased or operated by
the state or political subdivision of the state Section 15
- Owner, operator, manager did not post "No Smoking" sign(s) Section 20 (a)
- "No Smoking" signs do not comply with smoke-free act Section 20 (a)
- "No Smoking" signs not posted at entrances Section 20 (b)
- Ashtray and/or smoking receptacle where prohibited Section 20 (c)
- Other (please specify):

Date violation occurred* _____

Time violation occurred* _____ a.m. _____ p.m.

Is this your first complaint about this business?* _____ Yes _____ No

If no, how many previous complaints have you submitted about this business?* _____

Is this complaint regarding an*: _____ Employee _____ Customer _____ Business Owner
(Check all that apply)

Additional detailed information about violation (optional)
