

Comprehensive Tobacco Control Program
New Jersey Department of Health
PO Box 355
Trenton, NJ 08625-0355
NJ SMOKE-FREE AIR ACT
ANONYMOUS REQUEST FOR INVESTIGATION

Date Filed

Information contained in this form is subject to disclosure and public access pursuant to N.J.S.A. 47:1A-1, the "Open Public Records Law."

SECTION I - ESTABLISHMENT INFORMATION

1. Name of Establishment		2. Source(s) of Smoking Violation: <i>(Check all that apply)</i> <input type="checkbox"/> Employee(s)/Worker(s) <input type="checkbox"/> Customer(s)/Visitor(s) <input type="checkbox"/> Owner/Operator (failure to enforce) <input type="checkbox"/> Unknown/Not Sure <input type="checkbox"/> Other (specify): _____
Street Address		
City	State	
3. Date and Time of Smoking Violation <div style="text-align: right;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </div>		4. Were <i>No Smoking</i> or <i>Smoking Prohibited</i> signs posted in or near the location of the smoking violation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/Not Sure
5. Brief Description of Smoking Violation <i>(include the name of any supervisor/individual in charge that you spoke with concerning the smoking violation)</i> :		
6. If this is a complaint about a smoking violation in your workplace, provide the name, title or position, and telephone number of the official in charge of smoking policy for your workplace:		
SECTION II - COMPLAINANT INFORMATION (OPTIONAL)		
7. Status of Complainant <input type="checkbox"/> Employee/Worker <input type="checkbox"/> Visitor or Guest <input type="checkbox"/> Operator <input type="checkbox"/> Customer <input type="checkbox"/> Owner <input type="checkbox"/> Other (specify): _____		

Forward this completed form the address listed above.