New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Indoor Environments Program
PO Box 369
Trenton, NJ 08625-0369

Date Filed

NJ SMOKE-FREE AIR ACT
ANONYMOUS REQUEST FOR INVESTIGATION

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

Street Address

City State Zip Code

2. Source(s) of Smoking Violation: *(Check all that apply)*
   - ☐ Employee(s)/Worker(s)
   - ☐ Customer(s)/Visitor(s)
   - ☐ Owner/Operator (failure to enforce)
   - ☐ Unknown/Not Sure
   - ☐ Other (specify): _____

3. Date and Time of Smoking Violation
   ☐AM ☐PM

4. Were *No Smoking* or *Smoking Prohibited* signs posted in or near the location of the smoking violation?
   ☐Yes ☐No ☐Unknown/Not Sure

5. Brief Description of Smoking Violation *(include the name of any supervisor/individual in charge that you spoke with concerning the smoking violation)*:

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
   ☐Employee/Worker ☐Visitor or Guest ☐Operator
   ☐Customer ☐Owner ☐Other (specify):_____

Forward this completed form the address listed above.