



## Smoke-free Illinois Act **COMPLAINT FORM**

Complete this form to submit a complaint regarding a potential violation of the Smoke-free Illinois Act. Information marked with an asterisk (\*) must be completed in order for the complaint to be investigated.

Information entered in this complaint form, including your name, will be provided only to authorized enforcement agencies so they have the necessary information to follow-up on complaints. Your name will be kept confidential by these authorized enforcement agencies but, in certain situations in which penalties may be applied, your name may be released to attorneys representing the parties in this matter.

Note: The Smoke-free Illinois Act provides that no individual may be discriminated against in any manner for exercising their rights under this law.

**\* CHECK THE FOLLOWING BOX TO SHOW THAT YOU UNDERSTAND THE INFORMATION IN THIS COMPLAINT WILL BE RELEASED TO AUTHORIZED ENFORCEMENT AGENCIES.**

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 Address \_\_\_\_\_

## STEP 2

### Complaint Information

Sufficient information, including the business name and 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 the 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):