

Indoor Smoking Act (RSA 155:64-77) COMPLAINT FORM

He-P 1903.02

Registering Complaints

- Pursuant to [Indoor Smoking Act \(RSA 155: 64-77\)](#), a complainant shall register with the NH Department of Health and Human Services, Division of Public Health Services, Tobacco Prevention and Cessation Program (TPCP) a complaint regarding potential violation of the law once the following requirements have been met:

**The complainant has registered the complaint with the person in charge; and
The complaint has not been resolved within one calendar month of registering the complaint in.**

- The complainant shall register a complaint with the TPCP by submitting a completed Indoor Smoking Act Complaint Form.

Send the completed form by one of the following methods:

- US mail to TPCP, 29 Hazen Drive, Concord, NH 03301
- Electronically to TPCP@dhhs.nh.gov
- Fax to (603) 271-5318

Type of Complaint

- ☐ Cigarette and/or Cigar Smoke Exposure
☐ Electronic Smoking Device (Vaping Aerosol) Exposure

Complainant (person lodging the complaint) Contact Information

First and Last Name:

Street Address:

Mailing Address:

City/Town:

State:

Zip:

Phone:

E-mail Address:

How should we contact you?

- ☐ At above mailing address ☐ Phone # ☐ Email

Facility of Complaint

Business:

Type of Business:

Owner/Manager First and Last Name:

Street Address:

City/Town:

State:

Zip:

Phone:

Complainant Details
Date the initial complaint was registered to owner/manager:
Please describe the nature of your complaint, including how long the exposure to secondhand smoking/vaping aerosol has been happening:
Describe the actions, if any, the owner/manager has taken to remedy the complaint (i.e. segregating any smoking permitted areas):
Does this business have a smoking policy? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> If yes, please attach a copy of the policy and procedure regarding smoking in the facility.

Complainant Confidentiality: www.doj.nh.gov/civil/documents/right-to-know.pdf
Confidentiality of the complainant shall be protected pursuant to RSA 155:74, II, as follows: (a) In accordance with RSA 91-A, all information contained in a complaint shall be furnished to the public on request, except that the complainant's name shall not be supplied without express written approval of the complainant.

Signature of complainant: _____ Date: _____

(Your complaint must be signed and dated in order to be formally investigated)

For More Information

NH Department of Health & Human Services, Division of Public Health Services,
Tobacco Prevention and Cessation Program
800-852-3345, Ext. 6891 or (603) 271-6891
Submit this form by fax to (603) 271-5318 or by email to TPCP@dhhs.nh.gov