

New Hampshire Department of Health and Human Services  
Tobacco Prevention and Cessation Program  
Electronic Smoking Device (Vaping) Exposure Complaint Form

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NH RSA 155:64-77 Indoor Smoking Act <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-155.htm>

Your Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Your Address: \_\_\_\_\_  
Street/City/Town/Zip

Name of business this complaint refers to: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/City/Town/Zip

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name/Title of the person in charge: \_\_\_\_\_

Please explain the nature of your complaint, including how long the exposure electronic smoking device/s (vaping) has been happening:  
\_\_\_\_\_

Date the complaint was originally registered with the person in charge: mm\_\_\_\_/dd\_\_\_\_/yy\_\_\_\_

Complainant Confidentiality: <http://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: \_\_\_\_\_ mm\_\_\_\_/dd\_\_\_\_/yy\_\_\_\_

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

For more information, please call the NH Department of Health & Human Services, Division of Public Health Services, Tobacco Prevention and Cessation Program at 800-852-3345, Ext. 8949 or 603-271-8949

Please return this completed form to the: Tobacco Prevention and Cessation Program  
29 Hazen Drive, Concord, NH 03301-6504  
Or by fax to: 603-271-5318

