

New Hampshire Department of Health and Human Services
Tobacco Prevention and Cessation Program
Secondhand Smoke Exposure Complaint Form

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 to secondhand smoke 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

