

## 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](mailto:TPCP@dhhs.nh.gov)
- Fax to (603) 271-5318

Type of Complaint	
<input type="checkbox"/>	Cigarette and/or Cigar Smoke Exposure
<input type="checkbox"/>	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?		
<input type="checkbox"/> At above mailing address	<input type="checkbox"/> Phone #	<input type="checkbox"/> 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  No  Don't Know

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](http://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](mailto:TPCP@dhhs.nh.gov)