He-P 1903.02

Registering Complaints

1. Pursuant to [Indoor Smoking Act](https://www.dhhs.nh.gov/programs-services/population-health/tobacco-prevention-cessation/indoor-smoking-act) ([RSA 155: 64-77](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XII-155.htm)), 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.**

2. 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:

1. US mail to TPCP, 29 Hazen Drive, Concord, NH 03301
2. Electronically to [TPCP@dhhs.nh.gov](mailto:TPCP@dhhs.nh.gov)
3. Fax to (603) 271-5318

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| **Type of Complaint** |
| Cigarette and/or Cigar **S**moke Exposure  Electronic Smoking Device (Vaping Aerosol) Exposure |

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| **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 | | |

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| **Facility of Complaint** | | | |
| Business: | | Type of Business: | |
| Owner/Manager First and Last Name: | | | |
| Street Address: | | | |
| City/Town: | State: | | Zip: |
| Phone: | | | |

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| **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. |

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| **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)

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