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
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

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