

**Genesee County Health Department
Tobacco Policy and Enforcement
630 S. Saginaw Street
Flint, Michigan 48502
Smoking In Enclosed Places Complaint Form**

Date of Complaint: _____ Facility Name: _____

Address: _____ Telephone Number: _____

Manager/Owner/Individual: _____
(Circle one)

Complaint: _____

Complainant Name: _____ Complainant Address: _____

Complainant Telephone Number/e-mail address: _____

Complainant Signature: _____ GCHD Staff Signature: _____

(Anonymous complaints can be made, but may not allow Health Department staff optimal investigation capability.)

DO NOT WRITE PAST THIS LINE - DEPARTMENT USE ONLY

Complaint #___ for this alleged violator within one year from the first violation.

Follow Up Action:

Has alleged violator responded within allotted time? Yes No

Does facility have a written policy? Yes No (If yes, attach copy)

If no, scheduled date for follow up visit. _____
(Date for visit) (Contact Person)

Are signs posted? Yes No

Action Taken:

Corrective Action Required:

Enforcement Completed By: _____
Genesee County Health Department Staff Person(s)

Date of Enforcement: _____

Please complete top portion of the form and mail to the above address or fax to (810) 257-1041.