

Complaint Form

You may file a complaint electronically or by mail. To file an electronic complaint please complete the following information and press submit. To file a complaint by mail, please download and print the PDF version of the complaint form and mail the completed form to: Arkansas Department of Health, Environmental Health, 4815 W. Markham, Slot 46, Little Rock, AR 72205-3867.

Print Form: [Complaint Form](#)

NOTE: This information is available under Freedom of Information Act.
Complaints are accepted anonymously.

Complaint Reported by:

Your Name: or Anonymous

Your Street Address:

City:

County:

State:

Zip Code:

Phone:
(XXXXXXXXXX)

Signature

Complaint Information

*Date of Occurrence:
(mm/dd/yyyy)

*Time of Occurrence: AM PM
(XX:XX)

* Name of Establishment/Individual:

Street Address:

* City:

* County:

State: AR

Zip Code:

Phone (Day) :
(XXXXXXXXXX)

*Type of business:

- Wholesale/retail Facility Healthcare Facility Food Related Facility
 Recreational Facility Office/Workplace Educational Facility
 Sporting Facility Lodging Facility
Other:

*Description of violation (check all that apply):

- Customer Smoking
 Employee/Owner Smoking
 Smoke infiltrating into non-smoking area
 Person in charge fails to inform violator(s) to stop smoking
 Smoking in enclosed area
 Other:

*Briefly describe the violation below:

* denotes required field