

**ARKANSAS DEPARTMENT OF HEALTH
ARKANSAS CLEAN INDOOR AIR ACT – COMPLAINT FORM**

Today's Date _____

Complaint Reported By:

Your Name _____

Your Street Address _____

City _____ State _____ Zip Code _____

Phone (____)-____-_____

Signature _____

Complaint Information:

Date of occurrence _____ Time of occurrence: _____ AM PM

Name of Establishment/Individual: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone (____)-____-_____

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

Person in charge fails to inform violator(s)

Employee/owner smoking

to stop smoking

Smoking infiltrating into non-smoking area

Smoking in enclosed area

Other _____

Briefly describe the violation below:

*Complaints are public information. By submitting a complaint you may be required to testify to the violations witnessed. Please return the completed form to: ADH, Environmental Health Branch 4815 West Markham Street Slot 46, Little Rock, AR 72203 or call 1-800-235-0002.