

**MARYLAND CLEAN INDOOR AIR PROGRAM
COMPLAINT FORM**



INSTRUCTIONS:

This form is provided for use in filing a complaint regarding a potential violation of the Clean Indoor Air Act (Md. Code Ann., Health-General §§24-501—24-511, referred to from here on as “CIAA”), and COMAR 10.19.04. The CIAA prohibits smoking in: indoor areas open to the public; indoor places where meetings are held that are open to the public in accordance with Md. Code Ann., State Government Article Title 10, Subtitle 5; government-owned or operated mass transportation vehicles; and indoor places of employment. The CIAA and the regulations at COMAR 10.19.04 require business owners to prohibit smoking and post signs where indicated.

In general, business owners should:

- ✓ Prohibit smoking in indoor areas open to the public as well as in employee-only areas
- ✓ Post signs indicating where smoking is prohibited and in the case of some hotel rooms, where smoking is permitted
- ✓ Remove smoking paraphernalia (for example, matches and ashtrays) from areas where smoking is prohibited

To file a complaint, print the form and complete it as accurately as possible. Describe what you observed in as much detail as you can. If the possible violations you describe are not all in one area, identify the location of each possible violation individually. If you need more space than that provided on the form, continue on another sheet of paper.

After completing the form, mail, fax, or submit the form in person to the local health department in the county or jurisdiction where the business establishment is located. If you are uncertain about how or where to submit the application, or would like more information, call the **Clean Indoor Air Help Line** at **1-866-703-3266**. You can also learn more at www.mdcleanair.org.

When the local health department receives your complaint, the possible violations you describe will be evaluated to determine whether an inspection is appropriate. ***If additional information is needed, the investigating agency will attempt to contact you by telephone. Please be sure your complete name and address are printed clearly and correctly.***

Thank you for your interest in improving the health of Marylanders and the Clean Indoor Air Act.



Complaint Number
(For Department Use Only)

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Company Name	
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Company Mailing Address	
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Establishment Location (if different from mailing address)	
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Company Telephone Number	
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Person in Charge of the Establishment	
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Type of Business	
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Date and time of possible violation	Date:	Time:	AM	PM
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Description of possible violation of the Clean Indoor Air Act. Describe each possible violation, including where it occurred. Please specify if the possible violation relates to: (1) Failure to prohibit smoking as required; (2) Failure to post signs as required; or (3) other. Refer to the description of requirements on the first page of this form, or contact the Clean Indoor Air Help Line at 1-866-703-3266. Use additional pages if necessary to provide complete information.

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Possible violation location. Identify the specific building, room, or worksite where each possible violation is located.

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This condition has been brought to the attention of:	<input type="checkbox"/> Owner	<input type="checkbox"/> Other government agency (specify)
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Complainant's name	
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Telephone Number	
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Address	
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Date	
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(OFFICIAL USE ONLY) Complaint No. _____ DHMH Control No. _____ Date and initial when each task is completed. ____ Complaint received by Department ____ Investigation or telephone follow-up ____ Findings/citation letter sent to owner ____ Correction verification received Other comments:
