Iowa Smokefree Air Act
Public Complaint Form

Iowa Department of Public Health
Division of Tobacco Use Prevention & Control

Form No.
pc09-v01

Complainant Information

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone #: _____

E-Mail: _____ Preferred Contact Method: _____

Violation Information

Violation Date: _____ Violation Time: _____ AM PM

Business Name: _____ Business City: _____

Business Address: _____ Business ZIP: _____

Violation(s) Observed:
- ☐ Smoking Observed in Prohibited Areas
- ☐ Evidence of Smoking in Prohibited Areas
- ☐ Ashtray(s) Present
- ☐ Signs Not Posted
- ☐ Improper Signage
- ☐ Smoke Infiltrating Areas Where Prohibited
- ☐ Other (Explain in Comments)
- ☐ Improper Notification of Violation

Location of Violation(s): _____
(examples include: bar area, restroom, dining area, vehicle, hallway, etc.)

Comments: _____

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Place this form into an envelope and address it to: **IDPH-Division of Tobacco Use Prevention & Control**
321 East 12th Street
Des Moines, Iowa 50319-0075