

ST. CLAIR COUNTY HEALTH DEPARTMENT
220 FORT STREET
PORT HURON MI 48060

Clerical Use Only:

Complaint No. _____

SMOKE FREE LAW VIOLATION COMPLAINT FORM

☐ SMOKE FREE 129 (Food Service Establishment)

Environmental Health Division

FAX: (810) 985-5533

PHONE: (810) 987-5306

☐ SMOKE FREE 126 (Workplace)

Health Education Division

FAX: (810) 985-2150

PHONE: (810) 987-5300

DESCRIPTION:

LOCATION OF COMPLAINT: Facility Name: _____
Street Address: _____
City / Township: _____ State: _____ Zip: _____

THE FOLLOWING INFORMATION IS **REQUIRED** TO PROCESS THIS REQUEST AND WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.

REPORTED BY: Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Daytime Phone Number: _____

SIGNATURE:

DATE:

FOR HEALTH DEPARTMENT USE ONLY

DATE RECEIVED:

RECEIVED BY:

DATE INSPECTED:

LOGGED: ☐ YES ☐ NO

INVESTIGATION RESULTS:

SEE ATTACHED ☐

REFERRED TO: ☐ MDCH _____ ☐ Local Township / City _____
☐ MDA _____ ☐ Other _____

STAFF SIGNATURE:

DATE: