

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

Today's Date \_\_\_\_\_

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**Complaint Reported By:**

Your Name \_\_\_\_\_

Your Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Signature \_\_\_\_\_

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**Complaint Information:**

Date of occurrence \_\_\_\_\_ Time of occurrence: \_\_\_\_\_  AM  PM

Name of Establishment/Individual: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

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**Type of Business:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wholesale/retail facility | <input type="checkbox"/> Healthcare facility | <input type="checkbox"/> Food related facility |
| <input type="checkbox"/> Recreational facility     | <input type="checkbox"/> Office/workplace    | <input type="checkbox"/> Educational facility  |
| <input type="checkbox"/> Sporting facility         | <input type="checkbox"/> Lodging facility    |  |
| <input type="checkbox"/> Other _____               |  |  |

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**Description of violation (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Customer smoking                           | <input type="checkbox"/> Person in charge fails to inform violator(s) to stop smoking |
| <input type="checkbox"/> Employee/owner smoking                     | <input type="checkbox"/> Smoking in enclosed area                                     |
| <input type="checkbox"/> Smoking infiltrating into non-smoking area |   |
| <input type="checkbox"/> Other _____                                |   |

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**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: Arkansas DHHS, Environmental Health Branch P.O. Box 1437, Slot H-46, Little Rock, AR 72203-1437 or call 1-800-235-0002.