


<h2 style="text-align: center;">Smoke Free Workplace Violation and Complaint Form</h2>	LIVINGSTON COUNTY DEPARTMENT OF PUBLIC HEALTH ENVIRONMENTAL HEALTH SERVICES 2300 E. GRAND RIVER, STE. 102 HOWELL, MI 48843 (517) 546-9858 FAX (517) 546-9853 www.lchd.org	
Business Name:	Business Phone:	
Name of Person in Charge:	Township:	
Address:	Date of Complaint:	
Type of Use: (example: restaurant, retail, factory)	Time of Complaint:	
Individual Reporting Complaint:	Contact Phone:	
Complainant's Signature:	Date Submitted:	

Complainant's name will be released if requested under the Freedom of Information Act. Complaint form can be dropped off, mailed, faxed or emailed to LCDPH. Contact information is on the top of this form.

Details of Complaint: (include information on location within the business where the violation occurred. Please be specific)

*****SPACE BELOW FOR LIVINGSTON COUNTY DEPARTMENT OF PUBLIC HEALTH USE*****

Complaint No. _____

Date Received _____

Violation of Part 126 _____

Violation of Par 129 _____