

LONGMEADOW BOARD OF HEALTH

COMPLAINT FORM FOR TOBACCO CONTROL VIOLATIONS

Contact Information (optional):

Name: _____ Phone No.: _____

1. Violation of Longmeadow Board of Health Regulations in Regard to Retail Sale:

- I witnessed the sale of a tobacco product to a person under 18 years of age
- I witnessed the sale of a tobacco product to a person 18 years of age or older who purchased the product for a minor. I witnessed the transfer of the purchased product inside or outside of the tobacco retail establishment
- I observed a display of tobacco products that could be accessed directly by the customer (i.e. a display that was in front of the cashier's counter).
- I observed the sale of individual cigarettes

DATE: _____ TIME: _____

NAME OF STORE: _____

STREET ADDRESS: _____

2. Violation of the Longmeadow Board of Health Regulations Prohibiting smoking in public places.

I observed smoking in a restaurant

I observed smoking in _____ a Municipal Building _____ Municipal-owned vehicle

DATE: _____ TIME _____ LOCATION: _____