

Secondhand Smoke Complaint Form
City of Long Beach, DHHS, Tobacco Education Program

Send to: City of Long Beach Department of Health and Human Services
Tobacco Education Program
3820 Cherry Avenue
Long Beach, CA 90807
or email to: wiki.ornelas@longbeach.gov

Please fill out this form with as much information as possible; include any additional comments at the bottom of the page. If you don't know the answer leave the item blank. If you would like to remain anonymous, please call the Tobacco Education Program office at (562) 570-7950 and we will take your complaint over the phone.

Contact Information:

Name: _____ Date: _____
Address: _____
Phone: _____ Email address: _____

1. Type of Violation (please check one)

<input type="checkbox"/> Apartments/Condos- Enclosed Common Areas	<input type="checkbox"/> Beach (8.68.065)	<input type="checkbox"/> Bus Stops (8.68.065)	<input type="checkbox"/> Farmer's Market (8.68.085)
<input type="checkbox"/> Office Building /workplace (8.68.020s)	<input type="checkbox"/> Outdoor Patio (8.68.090)	<input type="checkbox"/> Playground (8.68.20n)	<input type="checkbox"/> Other: _____

2. Date & Time of Violation: _____

3. Location of Violation/Business Name: _____

4. Complaint:

5. Additional Comments/Requests:

6. Would you like someone from the Tobacco Education Program to call you to follow up with this complaint **Yes / No?**