Clean Indoor Air Act Violation Report Form

INSTRUCTIONS:

This form is to be used for filing a complaint regarding a potential violation of the Pennsylvania Clean Indoor Air Act, referred to as the CIAA. The CIAA prohibits an individual from engaging in smoking in a public place, and requires business owners to prohibit smoking and post signs where required.

This form is to be used to report the following potential violations:

- The owner, operator or manager of the premises may be penalized for failing to post proper signage
- The owner, operator or manager of the premises may be penalized for allowing smoking where it is prohibited

This form can be printed and completed by hand, or be completed electronically by tabbing from field to field and entering the required information. Describe what you observed in as much detail as you can. Once the information is completely entered, you can either email by clicking on the 'Submit by Email' button or save a copy and print the completed form by clicking the 'Print Form' button for submission to the Department of Health at the address listed below:

After completing the form on line, the report can be mailed to:

Division of Tobacco Prevention and Control
Attention: Clean Indoor Air Act
Pennsylvania Department of Health
Room 833 Health & Welfare Building
625 Forster Street
Harrisburg, PA 17120-0701

The 'Submit by Email' and 'Print Form' buttons are at the bottom of page 2.

If you are uncertain about how or where to submit the report, or would like more information, call the Clean Indoor Air Help Line at 1-877-835-9535. You can also learn more at http://www.dsf.health.state.pa.us/health/cwp/view.asp?q=250974 or click on 'Clean Indoor Air Act' button below.

Clean Indoor Air Act

pennsylvania
DEPARTMENT OF HEALTH

Clean Indoor Air Act Violation Report Form

Name of Place Where Violation Occurred: _____

Name of Business Owner (if known): _____

Address: _____

City: _____ County: _____

State: Pennsylvania Zip Code: _____ - _____ Telephone Number: _____

Select from the drop down box

Type of Business

If 'Other' Specify: _____

Does the establishment serve liquor? ○ Yes ○ No

Smoking Violation Date: _____ Time: _____

Type of Smoking Violation (check all that apply)

- ☐ Failure to post No Smoking signs in or near location
- ☐ Patron, Customer or Visitor Smoking on Premises (Indoor area only)
- ☐ Owner or Operator Smoking on Premises (Indoor area only)
- ☐ Employee or Worker Smoking on Premises (Indoor area only)
- ☐ Other (specify) _____

Additional Information or Comments: _____

Complainant Information (optional)

Your Name: _____

Address: _____

City: _____ County: _____

State: Pennsylvania Zip Code: _____ - _____ Telephone Number: _____

☐ I certify that the following statements made by me are true.

Print Form Submit by Email