

MARIN COUNTY SMOKING/VAPING COMPLAINT INTAKE FORM

Use as much space as needed to provide details so that we can send an educational letter to your property manager or homeowner's association or other business.

Date:

(Your) name:

Your local physical address:

Your email address:

Your phone number:

Do you prefer confidentiality/anonymity? __ Yes _ No

Location of alleged violation – please indicate name of business, multi-unit housing complex and the town or city that it is located in (where it gets its business license):

___ Business or Restaurant

___ Outdoor Area Smoking Violation (bus stop, cafe, park, etc.):

___ Apartment:

___ Condo/Townhouse/ Duplex (circle one if not **apartment**):

Check where smoking violations are occurring:

Indoor smoking _____

Outdoor Smoking (i.e. entrance, balcony, patio, common areas such as pool, describe details): _____

Other (please describe):

Address or Unit # where the smoking ordinance violation is occurring:

Homeowners' Association (HOA) Name, Email and Physical Address:

Name of (Apartment or Condo) Management Company:

Telephone and Email of Property Manager:

Description of alleged violation including dates, times and other specific details and observations that might serve as evidence of smoking or vaping (if possible):

What was smoked? Tobacco (cigarettes, cigars, cigarillos) _____

Marijuana/Cannabis _____ Other (hookah, meth, etc.) _____

Are smoke-free signs posted? Yes _____ No _____

Describe any past attempts at resolution and results:

Health symptoms from exposure or details that may be helpful (presence of infants or children, etc.):

Does your complex have a smoke-free lease amendment or policy? If so, please attach a copy with this form. Email your completed form to: **complaints@smokefreemarin.com or volunteers@smokefreemarin.com.**