

MARYLAND CLEAN INDOOR AIR ACT (CIAA) COMPLAINT



Division of Environmental Health
 Largo Government Center
 9201 Basil Court, Suite 318
 Largo MD 20774
 Office 301-883-7605 ; Fax 301-883-7601
 E-mail EnvironmentalHealth@co.pg.md.us

- Instructions:**
- Use this form to file a complaint of a potential violation of the Clean Indoor Air Act*, which prohibits smoking in indoor public areas, indoor public meeting places, government-owned or operated mass transportation vehicles and indoor places of employment. Related regulations also require business owners to prohibit smoking and post non-smoking signs. (Please refer to the specific regulations if necessary).
 - Print or copy form; print clearly or type requested information in detail; mail, fax or submit the form in person to the above address. Complaints may also be registered with our office by calling 301-883-7605.
 - We will contact you by telephone if additional information is needed and after the investigation has been completed.

Establishment Information	Establishment Name		Establishment Phone Number	
	Mailing Address			
	Location Address, if different from mailing address			
	Person in Charge of Establishment /Title (Manager, Driver, etc.)			
	Type of Business/Establishment <input type="checkbox"/> Food Service Facility <input type="checkbox"/> Child Day Care Facility <input type="checkbox"/> Vehicle for Public Use <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Elder Day Care/Nursing Home <input type="checkbox"/> Other (Specify):			
Complaint Description	Please place a check in the box next to each possible violation of the Clean Indoor Air Act.		Please describe in detail the location of each violation as it pertains to the building, room, work location, or vehicle. (Use the back of this sheet for continuation.)	
	<input type="checkbox"/> Smoking in indoor public areas			
	<input type="checkbox"/> Smoking in indoor public meeting places			
	<input type="checkbox"/> Smoking in government-owned vehicle			
	<input type="checkbox"/> Smoking in mass-transportation vehicle			
	<input type="checkbox"/> Smoking in indoor places of employment			
	<input type="checkbox"/> Non-smoking signs not posted			
	<input type="checkbox"/> Smoking Permitted sign not posted (hotel rooms only where applies)			
	<input type="checkbox"/> Smoking paraphernalia (i.e. matches and ashtrays) available in no-smoking areas			
<input type="checkbox"/> Other (Specify):				
Complainant Information	Complainant Name			
	Complainant Address			
	Home Phone		Work Phone	
	Mobile Phone		E-mail Address	
	OFFICE USE ONLY	Complaint Number		DHMH Control Number
Date complaint received/Initial		Date correction verification received/Initial		
Date investigation or telephone follow-up done/Initial		Date findings/citation letter sent to establishment owner/Initial		