



Tobacco Regulation Advisor
Berrien County Health Department
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BERRIEN COUNTY CLEAN INDOOR AIR REGULATION COMPLAINT FORM

Please complete the top portion of this form and mail or fax to the address or number below.
This form is also available on-line and can be submitted electronically.
(please type or print)

Date of Complaint: _____
(Every effort will be made to act on complaints within five business days of receipt of complaint)

Facility or Individual not in compliance:

Name: _____

Address: _____
street city zip

Complaint: _____

Submitted by: _____ Phone Number: _____

Address: _____
street city zip

Signature: _____

For Health Department Use Only

Received By: _____ Date: _____ Complaint Number: _____

Date and details of complaint confirmation: _____

First warning letter sent from BCHD to business/individual not in compliance (date): _____

Response received: _____

Second contact: Further action plan with dates: _____

Response received: _____

Further actions required: _____

Complainant Notified? yes no Date: _____