



State of Connecticut
 Department of Mental Health and Addiction Services
Tobacco Prevention and Enforcement Program
 410 Capitol Avenue 4th Floor Hartford, CT 06106
 Email: Tobacco.prevention@ct.gov



Tobacco and Electronic Cigarette Complaint Form

Complaints about tobacco and/or electronic cigarette sales to minors are reviewed by the Department of Mental Health and Addiction Services (DMHAS) Tobacco Prevention and Enforcement Unit. Anyone can submit a complaint and complaints can be anonymous.

Directions:

Complete this form and send it to: Tobacco.prevention@ct.gov

PERSON MAKING THE COMPLAINT		
Name of Person Reporting Compliant	Telephone Number	Email Address
BUSINESS WHERE THIS COMPLAINT OCCURRED		
Company/Business Name	Name and Title of Contact Person	Telephone Number
Business Street Address	City/Town	State/Zip Code

COMPLAINT DETAILS
Time and Day Complaint Occurred:
Type of Compliant <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Cigarette/Tobacco Product </div> <div style="width: 45%;"> <input type="checkbox"/> Loosies </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Electronic Cigarette </div> <div style="width: 45%;"> <input type="checkbox"/> Other </div> </div>
Description of Complaint:
Other information that would help the Department in its review. Please attach any supporting documents.