



Cigarettes Sold to Minors Complaint

Council is collecting the information on this form so that it may consider your application in accordance with the Tobacco Act 1987. The information is only used by Council for this purpose and will not be disclosed unless required under law.

Officer Details

Complaint Received By.....

Date.....Time.....

Complainants Details

Name.....Surname.....

Address.....

.....Post Code.....

Telephone.....Mobile.....

Complaint Details

Date and Time of Purchase.....

Name of Business.....

Name of Proprietor/Manager of Business.....

Type of Business (supermarket, hotel, milkbar).....

Address of Business.....

.....Post Code.....

Name of person who sold (if known).....

Name of minor involved (if known).....

Description of incident/further information.....

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Monitoring Details

Has the premises been reported before? Yes No

If yes, when?.....

Notification to Department of Human Services (D.H.S.) Yes No

Officer Contacted.....Telephone.....

Test purchase to be conducted? Yes No

If yes, date conducted.....

Cigarette sold to minors? Yes No

If yes, action taken Warning letter Visited premise Infringement notice

