



SMOKE-FREE LIVING

Allen County Smoke-Free Housing Project

Documenting Efforts Chart

This form can be used to track secondhand smoke and to resolve problems with tobacco smoke drifting into your unit. Be as specific as possible. Include dates, times, location, names of witnesses, what you noticed, any effects experienced from the secondhand smoke, and how long it lasted. This type of information may be helpful when contacting management and will likely be necessary to file a Federal Housing Act complaint or pursue a lawsuit.

Date, time, location	Witnesses (if any)	What did you notice/experience?
5/1/2011 6:00 pm	Daughter	<i>I noticed a strong smell of cigarette smoke while sitting in my living room. Seems to come from my living room vents. It made me cough. It lasted about 15 minutes.</i>

Source: GASP of Colorado (Group to Alleviate Smoking Pollution)



Funded by the Preventive Health and Health Services Block Grant from the Centers for Disease Control and Prevention (CDC) and administered by the Ohio Department of Health, Bureau of Healthy Ohio, Creating Healthy Communities Program. This publication was supported by Grant Number 2B01DP009042-12 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.





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