



Government of the Republic of Trinidad and Tobago

Ministry of Health

TOBACCO CONTROL UNIT

#4-6 Queen's Park East, Port of Spain 101002

General Public Report Form

Violations and or Illicit Tobacco Products

(This form can be forwarded via email to: tobaccocontrolunit@health.gov.tt. All reports are confidential)

Report violations of and/or Illicit tobacco products contrary to the Tobacco Control Act 2009 and the Tobacco Control Regulations 2013 as amended. Matters that require immediate attention should be reported directly to the police.

What type of violation are you reporting?					
1.	Smoking where prohibited	<input type="checkbox"/>	4.	Sale of tobacco by minors	<input type="checkbox"/>
2.	Incorrect tobacco product packaging and labelling	<input type="checkbox"/>	5.	Sale of tobacco products where prohibited	<input type="checkbox"/>
3.	Sale of tobacco to minors	<input type="checkbox"/>	6.	Other: (Please specify below)	<input type="checkbox"/>
If number. 2 above, please specify type of product					
Type/Description of Tobacco Product (s):	Cigarettes <input type="checkbox"/>	Cigars <input type="checkbox"/>	Cigarillos <input type="checkbox"/>	Bidis <input type="checkbox"/>	Other <input type="checkbox"/>
	Please specify: _____				
Trade Name/Brand (attach photos-optional)					
Particulars of Location					
Date of observation:	Name of Business/Company			Time:	
Address of Premises:					
Summary of Incident:					
Any other information:					



1 (868) 217-4664
Ext. 13830-13836



www.health.gov.tt



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Have you reported this matter before? Yes No

If yes, where would you have made this report and how long ago?

LOCATION	Timeframe within which last report was made				
	Less than one month ago	1-3 months ago	4- 6 months ago	7 months to 1 year ago	Over 1 year ago
Police Station. Please state: -----					
Customs:					
Regional Corporation. Please state: -----					
Public Office/Ministry. Please state: -----					
Other. Please state: -----					

Dated:	
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Reported by: (optional)	
Name:	
Signature:	
Contact Number:	Email:

FOR OFFICIAL USE ONLY:

Report received by:

Signature of Officer:

Date of receipt of report:

Next Steps/Action to be taken:



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