Lakelands Public Health

1-844-575-4567 | info@lakelandsph.ca | lakelandsph.ca

SMOKE-FREE ONTARIO ACT WITNESS STATEMENT FORM

This form must have all information fields completed prior to the issuance of a Provincial Offence Notice or warning letter to parents regarding students smoking or vaping on school property. Please e-mail this document to the Tobacco Control Officer at inspections@lakelandsph.ca

Student's FULL Name:			
Offence Date:		Offence Time:	
Student Address:			
Student Age:		Date of Birth:	
Prior Offences?	☐Yes ☐No	If YES, prior offence date:	
Location of Offence: (describe exactly where the event took place)			
Description of Event: (include all relevant observations)			
Witnessed & reported by:			
Title & Position:			
School Name:			
School Address:			
Parent/Guardian Name:		Email:	
Home number:		Cell number:	

School staff can contact a Provincial Offences and Tobacco Control Officer at Lakelands Public Health at 1-844-575-4567 or inspections@lakelandsph.ca