



Submit via email: Subject: TOBACCO ACT REFERRAL, ATTN REGIONAL MANAGER
Email: BC.TCP@hc-sc.gc.ca

Facility TRA # Facility Name Facility Owner Contact Phone Number
Facility Address

Question/Issue/Possible Contravention

If applicable, physical location of the potential contravention (i.e.location within the facility)

Name of Tobacco Product Involved, attach pictures (if applicable) and any other relevant information

Referred By
Enforcement Officer's Name Phone Number Email Address
Health Authority Name and Address