



# AIR QUALITY COMPLAINT FORM

Submit air quality complaints by sending this form via email to [complaints@mbard.org](mailto:complaints@mbard.org) or call our office at (831)647-9411. The District is open 8 a.m. to 5 p.m. Monday through Friday excluding holidays. Outside of business hours you may leave a message at (831)647-9411.

If you call the District, please have all of the information included in the form below. Giving us complete information will assist the investigation and help the District resolve the issue.

Your Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Email Address \_\_\_\_\_ Date Complaint Submitted \_\_\_\_\_

*Please note: Complainant information is considered confidential, except where required in litigated matters.*

Were you referred by another agency? Yes No

If so: Agency Name \_\_\_\_\_

Contact's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## NATURE OF EMISSIONS COMPLAINT (check boxes that apply)

Dust	Smoke	Indicate smoke source: Chimney Outdoor burn Other	Odor	Other
			For smoking vehicles, call 800-END-SMOG, text #SMOG or visit <a href="http://www.arb.ca.gov/enf/complaints/smoke.htm">www.arb.ca.gov/enf/complaints/smoke.htm</a>	

## DESCRIPTION OF COMPLAINT

Location \_\_\_\_\_

Date of observation \_\_\_\_\_ Time of observation \_\_\_\_\_ AM PM

Status of complaint: Active (still happening) Inactive (no longer happening)

Describe the complaint below, include information such as what you see, odors (how it smells), length of observation and other relevant details.