



Yolo-Solano Air Quality Management District Air Quality Complaint Form

District Use Only
No. _____
Initials/Date _____
Originating Form _____

For smoking vehicles, call 800-END-SMOG, text #SMOG, or visit www.arb.ca.gov/enf/complaints/smoke.htm

Submit air quality complaints by calling **(530) 757-3650** or by submitting this form via email to complaint@ysaqmd.org or fax to **(530) 757-3670**. The District's hours of operation are Monday through Friday, 7:30am to 4:00pm excluding holidays. Outside of business hours you may leave a message.

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 solve the issue.

Your Name _____ Phone Number _____

Address _____ City _____

Email Address _____

Date Complaint Submitted _____

Would you like to remain confidential? Yes No

Were you referred by another agency? Yes No

If so: Agency Name _____

Contact's Name _____ Phone Number _____

DESCRIPTION OF PROBLEM

Location _____

Date of observation _____ Time of observation _____ AM PM

Has this problem occurred before? Yes No

Describe the problem. Include information on visuals, odors, length of observation and all other relevant details.

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Routed to Compliance _____ Initials _____
Assigned Inspector _____ Date _____
Supervisor Review: _____ Date _____
INSPECTION AND/OR CONTACT REPORT REQUIRED