

# AIR QUALITY COMPLAINT FORM

No. _____
Initials/Date: _____
<b>Originating Form</b>
District Use Only

*For smoking vehicles, call 800-END-SMOG, text #SMOG or visit [www.arb.ca.gov/enf/complaints/smoke.htm](http://www.arb.ca.gov/enf/complaints/smoke.htm)*

Submit air quality complaints by calling **530-757-3650** or **800-287-3650** or by submitting this form via email ([complaint@vsaqmd.org](mailto:complaint@vsaqmd.org)) or fax (**530-757-3670**). 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.

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.