



BAY AREA
AIR QUALITY
MANAGEMENT
DISTRICT

Bay Area Air Quality Management District Discrimination Complaint Form

Section I:				
Name:				
Address:				
Telephone (Home):				
Telephone (Work):				
Email Address:				
Accessible Format Requirements? (check all that apply)	<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD	<input type="checkbox"/> Audio Tape	Other: _____ _____
Section II:				
Are you filing this complaint on your own behalf?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No		
*If you answered "yes" to this question, go to Section III.				
If not, please supply the name and relationship of the person for whom you are filing this complaint:				
Please explain why you are filing for this person: _____ _____ _____				
Please confirm that you have obtained the permission of the complaining person if you are filing on their behalf.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Section III				
I believe the discrimination I experienced was based on the following protected class(es) of persons:				
Date(s) of Alleged Discrimination (Month, Day, Year):				

Complaints must be filed within 180 days of the alleged act of discrimination.

Explain as clearly as possible what happened and why you believe discrimination has occurred with respect to a BAAQMD program or activity. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as the names and contact information of any witnesses. (Attach additional sheets if needed.)

Section IV

Have you previously filed a Title VI complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Section V

Have you previously filed a complaint with any other Federal, State or local agency, or with any Federal or State Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, check all that apply.	<input type="checkbox"/> Federal Agency	<input type="checkbox"/> State Agency
	<input type="checkbox"/> Federal Court	<input type="checkbox"/> Local Agency
	<input type="checkbox"/> State Court	

You may attach any written material or other information that you think is relevant to your complaint.

Signature: _____

Date: _____

Note – The Air District cannot accept your complaint without a signature.

Mail your completed form to:

Bay Area Air Quality Management District
 Non-Discrimination Coordinator
 375 Beale Street
 San Francisco, CA 94105

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