# Bay Area Air Quality Management District

## Discrimination Complaint Form

<table>
<thead>
<tr>
<th>Section I:</th>
<th></th>
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<tbody>
<tr>
<td><strong>Name:</strong></td>
<td></td>
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<tr>
<td><strong>Address:</strong></td>
<td></td>
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<tr>
<td><strong>Telephone (Home):</strong></td>
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<tr>
<td><strong>Telephone (Work):</strong></td>
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<tr>
<td><strong>Email Address:</strong></td>
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</tbody>
</table>

**Accessible Format Requirements?**

- [ ] Large Print
- [ ] TDD
- [ ] Audio Tape
- [ ] Other: __________________________

**Section II:**

Are you filing this complaint on your own behalf?  

- [ ] Yes*  
- [ ] 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.

- [ ] Yes  
- [ ] 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? □Yes □No

Section V

Have you previously filed a complaint with any other Federal, State or local agency, or with any Federal or State Court? □Yes □No

If yes, check all that apply. □Federal Agency □Federal Court □State Agency □State Court □Local Agency

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

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