

**Bay Area Air District
TITLE VI and Related
Federal and State Statutes
Discrimination Complaint Form**

Name:			
Address:			
Telephone (Home/Cell):			
Telephone (Work):			
Email Address:			
What is the most convenient time for us to contact you about this complaint?			
Accessible Format Requirements? (please check all that apply)	<input type="checkbox"/> Large Print	<input type="checkbox"/> TDD	<input type="checkbox"/> Audio Tape
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered "No," please provide the name, address, telephone number, and relationship of the person for whom you are filing this complaint:			
Please explain why you are filing on behalf of this person:			
Have you obtained the permission of the complaining person if you are filing on their behalf?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Basis of Discriminatory Action(s):			
_____ RACE	_____ SEX	_____ COLOR	
_____ NATIONAL ORIGIN/ANCESTRY	_____ VETERAN'S STATUS	_____ CREED	
_____ RELIGION	_____ DISABILITY	_____ MARITAL STATUS	
_____ GENETIC INFORMATION	_____ AGE	_____ MEDICAL CONDITION	
_____ RETALIATION	_____ INTIMIDATION		
_____ OTHER PROTECTED BASES: _____			
Date(s) of alleged discrimination (Month, Day, Year). Please include earliest date of discrimination and most recent date of discrimination:			

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

Please explain as clearly as possible what happened and why you believe discrimination has occurred with respect to a BAAQMD program or activity. Please provide the location of the alleged violation and describe the nature of the action, decision, or conditions of the alleged discrimination.

Please provide the name(s) of the BAAQMD department or program/activity you allege is responsible for the discriminatory action(s):

Please 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 whom we may contact for additional information to support or clarify your complaint. (Please attach additional sheets, if needed.)

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

You may attach any written material or other information that you think is relevant to your complaint. Please note that BAAQMD cannot accept your complaint without your signature.

Signature of Complainant: _____

Date: _____

Please mail or email your completed and signed form to:

Non-Discrimination Coordinator
Kimberly Leefatt
Officer of the Civil Rights Office
Bay Area Air District
375 Beale Street, Suite 600
San Francisco, CA 94105
415.749.4610
Non-discriminationcoordinator@baaqmd.gov

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