

**Bay Area Air Quality Management District
(BAAQMD)**

**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	Other:
Are you filing this complaint on your own behalf?			<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): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <p>____ RACE</p> <p>____ NATIONAL ORIGIN/ANCESTRY</p> <p>____ RELIGION</p> <p>____ GENETIC INFORMATION</p> <p>____ RETALIATION</p> <p>____ OTHER PROTECTED BASES: _____</p> </div> <div style="width: 33%;"> <p>____ SEX</p> <p>____ VETERAN'S STATUS</p> <p>____ DISABILITY</p> <p>____ AGE</p> <p>____ INTIMIDATION</p> </div> <div style="width: 33%;"> <p>____ COLOR</p> <p>____ CREED</p> <p>____ MARITAL STATUS</p> <p>____ MEDICAL CONDITION</p> </div> </div>				
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.)

Name

Address

Telephone

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

Diana Ruiz

Acting Director of Environmental
Justice Division

Bay Area Air Quality Management
District

375 Beale Street, Suite 600

San Francisco, CA 94105

415.749.8840

Non-discriminationcoordinator@baaqmd.gov

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