



VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT

Compliance Division

Air Quality Complaint Form

To submit a complaint:

- Email this complaint form to Complaints@vcapcd.org; or
- Call the District's 24-hour complaint line at (805) 654-2797
- To report a smoking vehicle, you can submit a complaint form online at <https://ww3.arb.ca.gov/enf/complaints/svc2.htm>

Complainant Information:

Your (complainant) information is considered confidential, except where required in litigated matters. It is not required to include complainant information, but extremely helpful for follow-up purposes.

First name: _____ Last name: _____

Phone: _____ Email: _____

Address Number: _____ Address Street: _____ Street Type: _____

City: _____ Zip code: _____

Nature of Emissions Complaint:

Date detected: _____ Time: _____ a.m. p.m.

Complaint Type:	Agriculture Burn	Asbestos	Gasoline Dispensing	Dust	Fireplace
	Misc.	Odor(known source)	Odor(unknown source)	Open Fire	
	Paint Overspray	Dirt/Dust Track Out	Smoke/Ash	Abrasive Blasting	

Describe the complaint below, include information such as what you see, odors (how it smells), length of observation, and other relevant details.

Source Information:

Business Name (if known): _____ Contact Person (if known): _____

(First) (Last)

Address Number (if known) : _____ Address Street: _____ Street Type: _____

City: _____ Zip code: _____

Or Description of location of complaint source (include cross-street):

E-mail completed form and any relevant photos/videos* to: complaints@vcapcd.org

*Submitted photos or videos are for the inspector's reference only.