



# VENTURA COUNTY AIR POLLUTION CONTROL DISTRICT

Compliance Division

## Air Quality Complaint Form [En Español](#)

### To submit a complaint:

- Email this complaint form to [complaints@vcapcd.org](mailto:complaints@vcapcd.org);
- Or call the district's 24-hour complaint line at (805) 303-3700.

### 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: \_\_\_\_\_

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:

(First)

(Last)

Business Name (if known): \_\_\_\_\_ Contact Person (if known): \_\_\_\_\_

Address Number (if known): \_\_\_\_\_ Address Street: \_\_\_\_\_

City: \_\_\_\_\_ ZIP code: \_\_\_\_\_

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

Email completed form and any relevant photos/videos\* to: [complaints@vcapcd.org](mailto:complaints@vcapcd.org).

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