



Maricopa County Air Quality Department
 3800 North Central Ave, Suite 1400, Phoenix, AZ 85012
 Phone: 602-506-6010 Fax: 602-372-0587
 AQPermits@maricopa.gov



NONDISCRIMINATION PROGRAM COMPLAINT FORM

The following information is needed to assist in processing your complaint. Please submit form and any additional information to:

MCAQD Nondiscrimination Program
 ATTN: Johanna M. Kuspert, MCAQD Nondiscrimination Program Coordinator
 3800 N. Central Ave, Suite 1400, Phoenix, AZ 85012
 Phone: 602-506-6710 or Email: Johanna.Kuspert@maricopa.gov

Complainant's Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____ Work Phone Number: _____

Person Discriminated Against (someone other than complainant):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone Number: _____ Work Phone Number: _____

Which of the following best describes the reason you believe the discrimination took place?

- Race/Color (Specify) _____ National Origin (Specify) _____
 Sex (Specify) _____ Age (Specify) _____ Disability (Specify) _____

On what date or dates did the alleged discrimination take place? _____

Describe the alleged discrimination. Explain what happened and who you believe was responsible. (If additional space is needed, add a sheet of paper.)

List names and contact information of persons who may have knowledge of the alleged discrimination.

Have you filed this complaint with any other federal, state, or local agency, or with any federal or state court? Check all that apply.

- Federal Agency Federal Court State Agency State Court Local Agency

Please provide contact information for the agency or court where the complaint was filed.

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Extension: _____

Please sign below. You may attach any written materials or other information you think is relevant to your complaint.

Signature: _____ Date: _____
 Number of Attachments: _____