



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;
- 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.

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