

**AKRON REGIONAL AIR QUALITY MANAGEMENT DISTRICT**

**146 S. High Street, Suite 904, Akron, Ohio 44308**

**330-375-2480 · 800-589-2480 · FAX 330-375-2402**

**PLEASE COMPLETE THIS FORM AND STATE BRIEFLY YOUR COMPLAINT**

**(Please Print)**

**LOCATION OF COMPLAINT:** \_\_\_\_\_  
**(Street) (City, Township, or Village)**

**OWNER OR TENANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NATURE OF COMPLAINT:** \_\_\_\_\_

**DATE OCCURRED:** \_\_\_\_\_ **TIME OCCURRED:** \_\_\_\_\_

**(YOUR NAME WILL NOT BE USED DURING THE INVESTIGATION)** **COMPLAINANT:** \_\_\_\_\_  
**(Signature)**

**ADDRESS:** \_\_\_\_\_

**PHONE NO.:** \_\_\_\_\_

**COMPLAINTS ARE NOT ACCEPTED UNLESS SIGNED**