



**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 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(s) 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: \_\_\_\_\_