



**Maricopa County Air Quality Department**  
 301 West Jefferson Street, Suite 410 | Phoenix, AZ 85003  
 Phone: 602-506-6010  
 Email: [AQPlanning@maricopa.gov](mailto:AQPlanning@maricopa.gov)



**NONDISCRIMINATION PROGRAM COMPLAINT FORM**

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

MCAQD Nondiscrimination Program  
 ATTN: Johanna M. Kuspert, MCAQD Nondiscrimination Program Coordinator  
 301 W. Jefferson St., Suite 410, Phoenix, AZ 85003  
 Phone: 602-506-6710 or Email: [Johanna.Kuspert@maricopa.gov](mailto:Johanna.Kuspert@maricopa.gov)

**Complainant's Information:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**Person Discriminated Against (if 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.

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: \_\_\_\_\_  
 Home 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: \_\_\_\_\_