

# Neighborhood Air Quality Concern Report

Use this printable form to document air quality issues in your local area. Please print clearly.

## 1. Contact Information (Optional)

Full Name:

Phone Number:

Email Address:

## 2. Location of Concern

Neighborhood Name:

Specific Street Address or Nearest Intersection:

Nearby Landmarks (e.g., school, park, factory):

## 3. Incident Details

Date of Observation (MM/DD/YYYY):

Time of Observation (e.g., 2:30 PM):

How often does this occur? (e.g., Daily, weekly, only at night):

## 4. Description of the Air Quality Issue

Type of Odor (e.g., Rotten eggs, chemical, burning plastic, paint, none):

Visible Emissions (e.g., Black smoke, white dust, heavy smog, none):

Suspected Source of Pollution (e.g., Construction site, factory, vehicle, wood stove):

Wind and Weather Conditions (e.g., Windy, calm, hot, humid):

## 5. Impact and Symptoms

Experienced Health Symptoms (e.g., Coughing, burning eyes, headaches, asthma flare-up):

Are other neighbors experiencing similar symptoms? (Yes / No / Unknown):

Additional Comments or Observations:

