



COMPLAINT REGARDING PROHIBITED SMOKING IN MULTI-UNIT HOUSING

Emeryville Municipal Code Title 5-29.06

Smoking Pollution Control

Please complete this complaint form with as much detail as possible. Incomplete forms may delay the processing of your complaint.

On the following date and time at the address below, I, the Complainant, witnessed a violation of Emeryville Municipal Code Title 5-29.06 (prohibited smoking in a unit, patio, balcony, or common area of a multi-unit housing residence) as follows:

Date of Violation: **Time of Violation:**

Location of violation/Where the smoke is coming from (e.g. hallway, common area, another unit, etc.):

Please identify the person who is responsible for the violation. If the violation is by a renter (“tenant”) or owner-occupant in your building, list the tenant or owner-occupant by name and address, including unit number. If the violation is by a visitor/guest of a tenant or owner-occupant, list the tenant or owner-occupant. To file a complaint, you must live in the same building as the responsible person.

Name, if known, of the person responsible for the violation:

Address (including unit number) of the person responsible for the violation (tenant(s)/ owner-occupant):

Complaint Details:

Please describe the violation and any other relevant information; please attach any evidence that support your complaint, such as photos of the smoking violation, statements from 3rd party witnesses:

I acknowledge the following:

1. I am a resident in a multi-unit housing residence within the City of Emeryville;



2. This Complaint is **not confidential** and may be shared with the person responsible for the violation;

3. After the Alameda County Public Health Department – Tobacco Control staff has exhausted all education and notification opportunities to address the complaint, they will forward copies of all documentation to the City designated representative in the Emeryville Police Department (EPD). An EPD staff member (enforcement officer) will review all documentation and evidence to determine whether to pursue enforcement.

4. If an administrative citation is issued and the recipient appeals, I will be called to testify, and understand that if I fail to testify, the citation may be dismissed.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed in Emeryville, California, on _____ at _____ am or pm

[Signature of Complainant]

[Print Name]

Complainant's Address:

Complainant's Email Address:

Complainant's Phone Number:

Please note that a copy of your complaint will also be sent to your Landlord/Property Manager/Home Owners Association (HOA) if, and only if, you complete the contact information below [this is optional]:

Landlord/Property Owner/HOA Name:

Landlord/Property Owner/HOA Address:



Mail to: Alameda County Public Health Department
Attention: Tobacco Control Program – Emeryville Complaints
1000 Broadway, Suite 500
Oakland, CA 94607

Completed forms are accepted by mail or in-person at 1000 Broadway, 5th Floor, Please allow 10 days for processing.

If you would like to receive confirmation that your form has been received, please indicate so here:

Please retain a copy of this complaint form for your records. Should you have any questions or concerns, please contact the Alameda County Tobacco Control Program at (510) 208-5920 or email us at TCP@acgov.org.

You may also find the City of Emeryville’s Smoking Pollution Ordinance webpage useful as well: [Smoking Control Ordinance](#)