

Chemical Odor Complaint Intake

Complainant Name

Phone Number

Email

Location of Odor (Address/Area)

Date & Time Noticed

Description of Odor

Health Effects Noted

Duration/Pattern (e.g., persistent, intermittent)

Weather Conditions (if known)

Activity at Time of Odor

Others Affected/Reported

Previous Occurrences

Agency/Department Notified

Additional Information