



City of Berkeley Smoke Free Multi-Unit (SFMUH) Housing Complaint Form

On the following date and time at the address listed below, I, the Complainant, witnessed a violation of BMC 12.70.035 (prohibited smoking in a unit or common area of a multi-unit residence) as follows:

SFMUH Form Submission Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Month	Day	Year	

Date of Alleged SFMUH Violation

<input type="text"/>	<input type="text"/>	<input type="text"/>	
Month	Day	Year	

Time of Alleged SFMUH Violation

<input type="text" value="⌵"/>	<input type="text" value="⌵"/>	PM <input type="text" value="⌵"/>
Hour	Minutes	

Please provide all known information about the alleged person responsible for the smoking violation (tenant(s)/owner/occupant) below.

Name of Alleged Violator (if known)

Address of Alleged Violator

Is the alleged violator Latinx or Hispanic?

- Yes
- No
- I prefer not to answer

What category best describes the race/ethnicity of the alleged violator? Select all that apply.

- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- I prefer not to answer

Is the residence a duplex (does it only have 2 units on the property)?

- Yes
- No

Location of violation where the smoke is coming from. Note: This must be in the same multi-unit residence as where the Complainant resides, e.g. hallway, common area, another unit, etc.

Complaint - Describe the violation and your observations. It is recommended but not necessary to attach evidence such as photos of smokers, statements from 3rd party witnessed, etc. in support of your complaint.

Acknowledgment of Complaint
(person filing the SFMUH complaint form)

I, the complainant, acknowledge the following:

1. I am a resident in a multi-unit residence within the City of Berkeley.
2. This Complaint is not confidential and may be shared with the person responsible for the alleged violation.
3. This Complaint is not confidential and is a public information document that is available to the general public when requested.
4. If this is the 2nd complaint submitted within 6 months from the initial complaint (for a total of two complaint forms, one from two separate units) the complaint meets the criteria to forward to the City of Berkeley Code Enforcement staff for further action.
5. If an administrative citation is issued, and the recipient(s) appeals, I will be called to testify at an administrative appeal hearing. I agree to make myself available to testify and understand that if I fail to testify, the citation may be dismissed.
6. As of November 10, 2020, the city of Berkeley City Council amended Berkeley Municipal Code (BMC) Chapter 12.70 Sections 12.70.020 V, 12.70.035 E and 12.70.037 C to be in accordance with California Health and Safety Code. Ordinance No. 7,736-N.S. amending BMC Chapter 12.70 to update Section 12.70.020 Definitions section V and repealing Section 12.70.035.E and 12.70.037.C and adjusting the definition of "smoke" or "smoking" to include medical cannabis to align with the State of California Health and Safety code. Per the City Clerk the amendments took effect on December 17, 2020.

Complainant's Full Name

Complainant's Full Name

Executed in Berkeley, California on the following date and time

<input type="text"/>	<input type="text"/>	<input type="text"/>	
----------------------	----------------------	----------------------	---

Month Day Year

Complainant's Address (person filing the SFMUH complaint form)

(Street Address - include unit/apt number)

Complainant's City

Complainant's Zip Code

Complainant's Telephone Number

Please enter a valid phone number.

Complainant's Email

example@example.com

Please note that a copy of your complaint will also be sent to your Landlord/Property Manager if and only if you provide the contact information below:

Name of Landlord/Property Owner

Address of Landlord/Property Owner

(Street Address - include unit/apt number)

City

State**Zip Code****What is your age?**

- 18-25
- 26-64
- 65 and over
- I prefer not to answer

What is your gender identity?

- Male
- Female
- Transgender Transgender Man/Transman
- Transgender Woman/Transwoman
- Genderqueer/Nonbinary
- I prefer not to answer

What best describes your sexual orientation?

- Straight or Heterosexual
- Lesbian or Gay or Homosexual
- Bisexual or Pansexual or Sexually Fluid
- Queer
- Questioning
- I prefer not to answer

What sex were you assigned at birth?

- Male
- Female
- I prefer not to answer

Do you identify as Latinx or Hispanic?

- Yes
- No
- I prefer not to answer

What category best describes your race/ethnicity? Select all that apply.

- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- I prefer not to answer
-

Do you identify with any of the following communities? Select all that apply.

- People experiencing homelessness
- Immigrant
- Low Income
- I prefer not to answer
-