



Oregon
Department
of Agriculture

635 Capitol Street NE
Salem, OR 97301-2532

Slow Pay/No Pay Complaint Form

Answer all questions and fill in all blanks, if a question does not apply fill in with N/A. Use separate forms for each contract and use separate seed lot information for each lot of covered for each contract. Incomplete forms will be returned.

Records required: Production and or purchase contracts, test reports, certification records, bill of ladings and other documents showing quality, records showing payment or non-payment.

Grower information

Farm name _____

Grower
name _____

Phone _____ Cell _____ Fax _____

Email _____

Address _____

City _____ State _____ Zip _____

Dealer information

Dealer name _____

Contact name _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

Seed lot(s) information (make copies for each seed lot covered under one contract)

Did you grow the seed? _____

If not who? _____

Any other owners? If yes who? _____

Where was the seed cleaned and when? _____

Where is the seed? _____

Who has possession of the seed? _____

If seed is in more than one location, list each location and quantity. _____

If delivered to the dealer, when? _____

How much delivered? _____

Contract information (make copies for each seed lot covered under one contract)

Crop year _____ Lot number(s) _____

Number of acres _____

Contract number and date _____

Number of acres or pounds _____

Kind and variety of seed _____

Field number(s) _____

Final payment date _____

Estimated payment date _____

Estimated delivery date _____

How far past due? _____

Price per pound _____ Have you received partial payment? _____ How much? _____

List quality requirements (minimum germ, pure seed, other crop, weed seed, noxious weed seed etc, and special requirements such as OSU Seed certification and ISTA requirements.)

Did the seed lot(s) meet all contract quality requirements? _____

Have you contacted your attorney? _____

I, (print name) _____ attest the information provided to be true and accurate to the best of my knowledge.

(Signature) _____ Date signed _____

Send, fax or email completed form(s) with the required records to:

Oregon Department of Agriculture
Commodity Inspection Division
635 Capitol ST NE Salem, OR 97301-2532
Email: rblack@oda.state.or.us.
Fax: 503-986-4620
Phone 503-986-4620
If you have any questions please contact us