

Pesticide Incident Complaint Form Instructions

The complaint form on the reverse side of this page is provided to assist in the submittal of information associated with an alleged pesticide complaint. Please provide as much information as possible about the incident. Feel free to attach additional pages to the complaint form as needed.

The Department's responsibility is to investigate a pesticide complaint, determine compliance with the Oregon Pesticide Control Act and initiate any administrative actions deemed necessary. The Department does not assist in the pursuit of any damage reimbursement.

The Department should receive this complaint form as soon after the incident as possible or at a maximum within 30 days of the incident or within 30 days of when the damage associated with the incident was first noticed. Complaints received by the Department after this 30-day period will be kept on file but the Department may not pursue an investigation or administrative action.

If you wish to receive a copy of the investigation file related to your complaint, please send a written request addressed to the Oregon Department of Agriculture, 635 Capitol St. NE, Salem, OR 97301-2532.

Please return the completed form to the address listed below. If you prefer to FAX your complaint form, the Department's FAX number is 503-986-4735. If you have any questions regarding pesticide regulations, the complaint investigation process or other related issues, please feel free to contact the Oregon Department of Agriculture, Pesticides Program at 503-986-4635.

Note: Initiating a False Report — It is a violation of Oregon Revised Statutes, Chapter 634.372(1) to initiate a false or misleading claim through any media, relating to the effect of pesticides or application method to be utilized. A false claim means a claim that: (a.) Contains, or is based on, false or fraudulent information; (b.) Contains any statement or representation that is untrue in whole or part; or (c.) Omits information that could have a material effect on the value, validity or authenticity of the claim. A person who files a false or misleading report may be subject to enforcement action, including civil penalties up to \$10,000 per count.

Oregon Department of Agriculture
Pesticide Programs
635 Capitol St. NE
Salem, OR 97301-2532



Please print information clearly

Complainant Information:

Date: _____

Name: _____	Home Phone Number: _____
Address: _____	Work Phone Number: _____
City: _____ State: _____	Cell Phone Number: _____
Zip: _____ County: _____	Email: _____

Complaint Information:

Date of Incident: _____	Time of Incident: _____
Applicator Type Involved: Commercial Company Farmer Homeowner Other	
Weather Information: _____	
Company Name (if known): _____	
Address: _____	Phone Number: _____
City: _____	Zip: _____ County: _____
Method of Application (please check): Aerial Ground Granular Liquid Spray	
Weather Information: _____	
Chemical Involved (if known): _____	
Specific Nature of the Complaint:	
If more space is needed, attach a separate sheet to this form	
Signature: _____	Date: _____

Witness Information (Other than Complainant):

Name: _____	Phone Number: _____
Address: _____	
City: _____	State: _____ Zip: _____

