

Pesticide Incident Complaint Form

Pesticides Program
503.986.4635

Form date 1/21



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. Feel free to attach additional pages to the complaint form if 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 questions regarding pesticide regulations, the complaint investigation process or other related issues, contact the Oregon Department of Agriculture Pesticide 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 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
Pesticides Program
635 Capitol St. NE
Salem, OR 97301-2532

Please print information clearly

Complainant Information:

Date: _____

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

Complaint Information:

Date of incident: _____	Time of incident: _____			
Applicator type involved:	Commercial company	Farmer	Homeowner	Other
Name of applicator (if known):	_____			
Name of company (if known):	_____			
Address: _____	Phone: _____			
City: _____	Zip: _____	County: _____		
Method of application (please check):	Aerial	Ground	Granular	Liquid spray
Weather information:	_____			
Chemical involved (if known):	_____			
Specific nature of complaint: If more space is needed, attach a separate sheet to this form				
Signature: _____	Date: _____			

Witness information (other than complainant):

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

Specific nature of complaint: Continued from previous page if needed