

Pesticide Incident Complaint Form

Pesticides Program
503.986.4635

Form updated 4/23



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.

Please return the completed form to the address, email, or fax number listed below. If you have questions regarding pesticide regulations, the complaint investigation process, or other related issues, contact the Oregon Department of Agriculture Pesticides Program at 503.986.4635.

If you wish to receive a copy of the investigation file related to your complaint, please send a written request to the address, email, or fax number listed below.

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 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 Programs
635 Capitol St. NE
Salem, OR 97301-2532

E-mail: naturalresource-complaints@oda.oregon.gov
Fax: 503.986.4735

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 <input type="checkbox"/> Farmer <input type="checkbox"/> Homeowner <input type="checkbox"/> Other <input type="checkbox"/>	
Name of applicator (if known): _____	
Name of company (if known): _____	
Address: _____	Phone: _____
City: _____	Zip: _____ County: _____
Method of application (please check) Aerial <input type="checkbox"/> Ground <input type="checkbox"/> Granular <input type="checkbox"/> Liquid spray <input type="checkbox"/>	
Weather information: _____	
Chemical involved (if known): _____	
Specific nature of the complaint: (Text will flow into box on next page as needed)	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	
I hereby affirm that the information provided on this form is true to the best of my knowledge and belief.	
Signature: _____	Date: _____

Witness Information (other than complainant):

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

Specific nature of complaint: continued from previous page if needed