



OFFICE OF THE  
**AGRICULTURAL COMMISSIONER**  
**SEALER OF WEIGHTS & MEASURES**

**Lisa D. Herbert**  
Agricultural Commissioner  
Sealer of Weights & Measures

**PESTICIDE USE ENFORCEMENT**  
**COMPLAINT FORM**

**COMPLAINANT'S NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Date and Time Complaint Received: \_\_\_\_\_

COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

- Location of Incident: (Note which side of Road (N,S,E,W) & Distance Nearest X Road:  
\_\_\_\_\_  
\_\_\_\_\_

- Description Equipment Involved:  
\_\_\_\_\_  
\_\_\_\_\_

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**RESPONSIBLE PARTY'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Taken by: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned to: \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_