

## 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 misuse complaint. Please provide as much information as possible about the incident. Feel free to attach additional pages to the complaint form if needed.

The Department's responsibility is to investigate a pesticide misuse complaint, determine whether any violations of the Illinois Pesticide Act have occurred and initiate any administrative actions deemed necessary based upon a detected violation. The Department's responsibility does not include the offering of assistance in the pursuit of damage reimbursement.

This complaint form must be received by the Department within 30 days of the incident or within 30 days of when the damage associated with the incident was first noticed, pursuant to 8 IAC 250.200. Complaints received by the Department after this 30-day period will be kept on file at the Department but no investigation or administrative action will be pursued.

Copies of the Department's completed complaint investigation file, including any analytical sample results, will only be provided in response to a request submitted under the Freedom of Information Act. In most cases, a copy of a complaint investigation file will not be released until after an investigation has been completed, any potential enforcement action has been taken, and the case has been closed. If you wish to receive a copy of the investigation file related to your complaint, please send a written request addressed to the Freedom of Information Office, Illinois Department of Agriculture, State Fairgrounds, PO Box 19281, Springfield, IL 62794-9281.

Please return the completed form to the address listed below. If you prefer to FAX your complaint form, the Department's FAX number is (217)524-4882. If you have any questions regarding pesticide regulations, the complaint investigation process or other related issues, please feel free to contact the Illinois Department of Agriculture, Bureau of Environmental Programs at (800)641-3934 or (217)785-2427.

Illinois Department of Agriculture  
Bureau of Environmental Programs  
State Fairgrounds PO Box 19281  
Springfield, Illinois 62794-9281



**PLEASE PRINT INFORMATION CLEARLY:**

**Complainant Information: - Mailing**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work: \_\_\_\_\_

Cellular Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Complaint Information:**

Location of Damage - address/county: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Date Noticed Damage: \_\_\_\_\_ Time: \_\_\_\_\_

Applicator type involved (check one):  Commercial Company;  Farmer;  Homeowner;  Other

Name of applicator (if known): \_\_\_\_\_

Company Name (if known): \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ County: \_\_\_\_\_

Method of application (please check):  Ground or  Aerial;  Liquid spray or  Granular

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: \_\_\_\_\_ Telephone number: \_\_\_\_\_

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