

ORM PICS-1
REV 07/08
OCC

**OKLAHOMA STATE DEPT OF AGRICULTURE
CONSUMER PROTECTION SERVICES
PESTICIDE COMPLAINT STATEMENT**

Office Use Only
File No. _____
Inspector _____
Assigned To _____
Date Rec'd _____
Time Rec'd _____
Date Assigned _____
Latest Date Due _____
Category _____ Cnty _____
Source Code _____

Name of Complainant _____

Address _____

City, State, Zip _____

Direction to Complainants Address _____

Phone: Business _____ Home _____

Best Time to Call _____ Best Time to Call _____

2. Complaint Refers to *Pesticide/Herbicide misuse* *Pesticides Sales* *Wood Infestation Report*

Other (pls. Specify) _____

3. Complaint is against _____

Address _____

City, State, Zip _____

4. General nature of complaint: In your own words, explain the general nature of the complaint:

Include the following information where applicable; use a second page if necessary: 1. Directions for locating affected area/property (if other than above) with legal description and/or miles and directions from the nearest town (known point of reference); 2. Kind and number of items allegedly affected; 3. Approximate date of alleged violation; 4. In case of pesticide complaint (a) name and address for whom the pesticide was applied (if known) and (b) direction and distance to your property; 5. Draw a map if appropriate.

5. Narrative:

A. A statement of complaint is required in cases involving a product or service regulated by Consumer Protection Services, Oklahoma State Department of Agriculture, where the complainant feels a violation of the laws of the state of Oklahoma has occurred, e.g., mislabeled or contaminated product, not fulfilling a contract, pesticide misuse, pollution, substandard work, etc

B. Attach copies (not originals) of all correspondence, contracts, invoices, checks, etc., which pertain to this complaint.

C. Upon completion of the investigation of a complaint by Consumer Protection Services, the conclusion will be forwarded to the concerned parties involved. Should civil action be initiated by either of the concerned parties, Oklahoma State Department of Agriculture personnel and/or records to the investigation will be made available by action of a subpoena.

D. I, the undersigned, consent to allow the Oklahoma Department of Agriculture personnel access to property under my ownership or control for purposes of inspecting and sampling, if necessary, in the conduct of their official investigation. I further agree that after this complaint has been investigated, if a violation of the laws of the State of Oklahoma appears to have taken place, I will make myself available as a witness for any legal action or Oklahoma Board of Agriculture proceeding.

**MAIL TO: CONSUMER PROTECTION SERVICES
OKLAHOMA DEPT OF AGRICULTURE
FOOD AND FORESTRY
PO BOX 528804
OKLAHOMA CITY, OK 73152-8804
Fax: 405-522-5986**

SIGNATURE OF COMPLAINANT DATE