



PESTICIDE INCIDENT COMPLAINT FORM

West Virginia Department of Agriculture
Regulatory and Environmental Affairs Division
Pesticide Regulatory Programs
Charleston, WV 25305

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 West Virginia Pesticide Control 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.

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 Chad Carpenter at the address listed below.

Please return the completed form to the address listed below or **E-MAIL OR FAX TO:**
Chad Carpenter, Compliance Manager ccarpenter@wvda.us or Grant Bishop,
Assistant Director gbishop@wvda.us Office: 304-558-2209 Fax: 304-558-2228.

If you have any questions regarding pesticide regulations, the complaint investigation process or other related issues, please feel free to contact the West Virginia Department of Agriculture, Pesticide Regulatory Programs (304) 558-2209.

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Regulatory and Environmental Affairs Division
Pesticide Regulatory Programs
1900 Kanawha Boulevard, East
Charleston, WV 25305
(304) 558-2209
Fax (304) 558-2228

PLEASE PRINT INFORMATION CLEARLY

Complainant Information:

Date:
Name:
Address:
City, State, Zip:
County:
Home Telephone Number:
Work Telephone Number:
Cellular Telephone Number:
E-mail Address:

Complaint Information:

Date of Incident:
Time of Incident:
Applicator type involved (circle one): Commercial Company; Farmer; Homeowner; Other
Name of applicator (if known):
Company Name (if known):
Address:
County:
Telephone Number:
Method of application (please circle): Ground or Aerial; Liquid spray or Granular
Weather information:
Chemical involved (if known):
Specific nature of the complaint:

Witness Information (other than complainant):

Name:
Telephone number:
Address:

Name of person completing form: _____ Date: _____