PR-ENF-074 (EST. 9/94)

## **COMPLAINT OF HUMAN EXPOSURE OR UNSAFE CONDITION**

COMPLAINANT'S NAME TELEPHONE NUMBER (Include area code) ADDRESS CITY STATE ZIP CODE DATE OCCURRED NUMBER OF PERSONS IS EXPOSURE CONTINUING? WAS A DOCTOR SEEN? DOCTOR'S TELEPHONE (include area code) EXPOSED TO CONDITION: YES NO YES NO DOCTOR'S NAME DOCTOR'S ADDRESS LOCATION OF EXPOSURE OR CONDITION (Be specific)) COUNTY **DESCRIPTION OF EXPOSURE OR CONDITION** NAME OF PESTICIDE/MANUFACTURER REGISTRATION NUMBER FROM LABEL DOSE/DILUTION/VOLUME COMMODITY/SITE TREATED OWNER OR OPERATOR OF PROPERTY TREATED NAME OF PERSON OR FIRM ALLEGEDLY RESPONSIBLE OCCUPATIONAL SITUATION OCCUPATION NO EMPLOYER'S NAME TELEPHONE NUMBER (Include area code) Important! You do not ADDRESS CITY STATE ZIP CODE need to TYPE OF BUSINESS complete this portion of the SUPERVISOR'S NAME form unless TITLE the complaint COMPLAINANT IS: is the result FORMAL INFORMAL of an EMPLOYEE CONFIDENTIALITY I PERMIT THE DISCLOSURE OF MY NAME YES NO occupational PURSUANT TO SECTION 6309 situation. OF THE LABOR CODE: I PERMIT THE DISCLOSURE OF THIS INFORMATION YES NO I hereby certify that the above, to the best of my knowledge, is true and correct. CLAIMANT'S SIGNATURE DATE PERSON RECEIVING THE COMPLAINT (Print name) TITLE DATE

Complainant: This form must be signed and dated prior to submission.