STATE OF CALIFORNIA

COMPLAINT OF HUMAN EXPOSURE OR UNSAFE CONDITION

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DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

COMPLAINANT'S NAME			TELEPHONE NUMBER *(Include Area Code)*
ADDRESS	CITY	STATE	ZIP CODE

DATE OCCURRED	NUMBER OF PERSONS EXPOSED TO CONDITION:	IS EXPOSURE CONTINUING? ☐ YES ☐ NO	WAS A DOCTOR SEEN? ☐ YES ☐ NO	DOCTOR'S TELEPHONE *(Include Area Code)*

DOCTOR'S NAME	DOCTOR'S ADDRESS *(Number and Street, City, State, ZIP Code)*

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
NAME OF PERSON OR FIRM ALLEGEDLY RESPONSIBLE	OWNER OR OPERATOR OF PROPERTY TREATED

OCCUPATIONAL SITUATION ☐ YES ☐ NO	OCCUPATION

Important! You do not need to complete this portion of the form unless the complaint is the result of an occupational situation.

EMPLOYER'S NAME			TELEPHONE NUMBER *(Include Area Code)*
ADDRESS	CITY	STATE	ZIP CODE
TYPE OF BUSINESS			
SUPERVISOR'S NAME	TITLE		
COMPLAINT IS: ☐ FORMAL ☐ INFORMAL			
EMPLOYEE CONFIDENTIALITY PURSUANT TO SECTION 6309 OF THE LABOR CODE:	I PERMIT THE DISCLOSURE OF MY NAME ☐ YES ☐ NO 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.