



UTAH DEPARTMENT OF AGRICULTURE AND FOOD

Plant Industry Division Pesticide Program

350 N. Redwood Road

P.O. Box 146500

Salt Lake City, UT 84114-6500

(801) 538-7100 Information

UDAF-Pesticide@utah.gov

PESTICIDE INCIDENT COMPLAINT FORM

Reporting Party Information (who are you, etc.):

Name: _____
Company Name: _____
Street Address: _____
Mailing Address (if different): _____
City: _____
Home/Office Phone: _____ Cell Phone: _____
Email: _____

Suspected Party Information (who has applied pesticide, etc.). Please provide as much information as possible:

Individual Applicator Name: _____
Entity/Business Name: _____
Applicator or Company License Number: _____
Street Address: _____
Mailing Address (if different): _____
City: _____
Home/Office Phone: _____ Cell Phone: _____
Email: _____ License Plate Number: _____

Summary of incident and report - complete as much information as possible:

Treatment Site: _____ Date of Incident: _____ Time of Incident: _____
Pesticide Used: _____ Amount Used: _____ Pest Treated: _____
Requestor of pest service: _____

Description of Complaint and Comments:



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Witness Information (if applicable):

1st Witness Name: _____

Witness Phone: _____

Witness Address: _____

Witness Email: _____

2nd Witness Name: _____

Witness Phone: _____

Witness Address: _____

Witness Email: _____

Other Agency Involvement - Fire, Police, Medical, School, Health Department, Other:

Agency names:

UDAF Pesticide Program staff will evaluate your complaint to determine if sufficient information exists to proceed. If a case is opened, an inspector will meet with you for further details, sample gathering and/or a signature on a complaint form.

Note that all investigations become public information once they are closed.

Thank you,
UDAF Pesticide Program Staff