



Pesticide Compliance

PESTICIDE COMPLIANCE INCIDENT INFORMATION FORM

Gray boxes are required.

Anonymous?

Date of Suspected Incident: \_\_\_\_\_

If you'd like to stay anonymous, check this box. Your name, address and email are no longer required. However, you can still enter them in case we need to reach out to you for further information.

Your Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Nature of Incident:

Suspected direct exposure of human(s) or animal(s) to a pesticide application? Y N

Suspected contamination of food or feed from a pesticide application? Y N

Suspected contamination of the environment from a pesticide application? Y N

Suspected damage to: crop landscape garden from a pesticide application.

Date damage first observed: \_\_\_\_\_

Application made by a known person/company/agency: Y N

Description of Alleged Incident: \*Please attach any photos or files to your email\*

Name of the alleged person/company/agency if known: \_\_\_\_\_

Address or location of the alleged incident: \_\_\_\_\_

Other known witnesses to the incident? Name: \_\_\_\_\_

Reported to any other agency? Y N Name: \_\_\_\_\_

Any discussion with the person/company in attempt to resolve the matter? Y N

Expectation of this reporting: \_\_\_\_\_

Upon receipt of this completed form, staff will review the information and decide if we have statutory authority over this matter. If so, an investigator will contact you for an interview. If not, you will be notified as to why.

\*\*Note: Be advised this agency has no statutory authority regarding efficacy, price, or contractual matters. Pesticide products are registered at the federal level by US EPA and at the state level by NMDA, as such this agency has no statutory authority to prohibit the lawful applications of any registered pesticide. If the alleged applicator/company/agency is unknown NMDA will attempt to identify the person/company/agency but based upon the information provided, may not always be able to.