



## Pest Management Division

1110 W. Washington St., Suite 450, Phoenix, Arizona 85007  
Mail: 1802 W. Jackson St. #78, Phoenix, Arizona 85007  
(602) 542-4373 / Email: [opmcompliance@azda.gov](mailto:opmcompliance@azda.gov)

### Complaint Form

Please complete the following information (please type or print legibly)

Reporting Party Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_ County: \_\_\_\_\_

**Arizona Law requires you to provide your name during the course of reporting an alleged violation of the law or rule. Under the law, your name will be placed in the public file unless the release of your name may result in substantial harm to any person, including yourself or to the public health or safety. See A.R.S. § 41-1010.**

Do you feel that the release of your name may result in substantial harm to any person, including yourself, or to the public safety? Y\_\_\_\_\_ N\_\_\_\_\_ If yes, explain \_\_\_\_\_

### Please Complete the Following Information about the Event

Name of Business or Individual Involved \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ County: \_\_\_\_\_

Vehicle information (if applicable) Make, Model, Color : \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

Date of the Event: \_\_\_\_\_ Time of the Event: \_\_\_\_\_

Location of the Event: \_\_\_\_\_

Possible Health Issue? Y\_\_\_\_\_ N\_\_\_\_\_ (If Yes, have you or anyone involved sought medical attention?) Y\_\_\_\_\_ N\_\_\_\_\_

Have you attempted to contact the company to resolve the matter? Y\_\_\_\_\_ N\_\_\_\_\_

**Note: Please be advised, the Arizona Department of Agriculture – Pest Management Division has no statutory authority regarding efficacy, price, or contractual matters. In addition, pesticides are registered by the United States Environmental Protection Agency, and as such, the PMD has no statutory authority to prohibit the lawful use of any registered pesticide.**

## Description of the Event

(Please be specific - Attach additional pages, photographs or documentation as needed)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon receipt of this completed form, we will review the information to determine if this matter is one in which the Pest Management Division has statutory authority. If so, an investigator will contact you to schedule an interview.

Persons with a disability may request a reasonable accommodation, such as sign language interpreter, by contacting the AZDA's ADA Coordinator at (602) 542-0925. Requests should be made as early as possible to allow time to arrange the accommodation.