



Arizona Department of Agriculture

Pest Management Division

1688 W. Adams Street, Phoenix, Arizona 85007
(602) 255-3664 / e-mail opmcompliance@azda.gov

Complaint Form

Your Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Telephone Number	
Business Telephone Number	
Cell Phone Number	
E-Mail	

Nature of the Event/ Observation (Check Box if Applicable)

Possible Health Issue (If yes, have you sought medical attention?)	
Possible Unlicensed	
Possible Misuse of a Pesticide	
Possible Treatment Issue (excluding warranty or efficacy)	
Other (Please Specify)	

Event / Observation Information

Date of Event	
Location of Event	
Time of Event	

Complaint Against

Name of Business/ Individual	
Address of Business or Individual	
Business License Number	
Telephone Number(s)	

Vehicle Information (If applicable)

Make, Model , Color	
License Plate	

Statement of Event/ Observation

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

***Note: Please be advised this Agency has no statutory authority regarding efficacy, price, or contractual matters. Also note pesticide registration is approved on a Federal level by the Environmental Protection Agency, and as such this Agency has no statutory authority to prohibit lawful applications of any registered pesticide.**

Oftentimes, a complaint can be resolved before we begin our investigation. Have you attempted to contact the company to resolve the matter?

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What do you expect of this Agency?

Submitted by: _____

Signature _____

Today's Date _____

Upon receipt of this completed form, we will review this information to determine if this matter is one in which we have statutory authority. If so deemed, an Investigator will contact you to schedule an interview.