



Office of the
 Agricultural Commissioner
 P.O. Box 4080
 Riverside, CA 92502-4080
 Phone 951-955-3000
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PESTICIDE INCIDENT OR ILLNESS COMPLAINT

Date/Time: _____ Received By: _____ Complaint # _____
 (YYYYMMDD-Your Initials-#)

Complainant

Name: _____
 Address: _____
 City: _____ Zip: _____
 Phone: Work Home Cell (____) _____ Email: _____

Compliant / Incident Information:

Date/Time: _____ Location: _____

Description of what happened *(If more space is necessary, please see back or attached)*

Was it: Indoors Outdoors

If it was indoors, was it: At Home At School At Work Other (please specify) _____

If it was outdoors, was it: In your yard On your street Along a road In a park
 At a school playground In an agricultural field Other _____

How far away were you? _____

What did you see? Describe what happened. *For example, did you see a pesticide application nearby? Was there a spill or a leak? Was the pesticide being sprayed? Being mixed? Transported?* _____

If you saw it, describe the equipment being used to apply the pesticide

A tractor. Was the tractor spraying? Up Down

A hand-held or back pack sprayer A helicopter Other _____

Did you see any dust or particles? Yes No

Describe the weather:

Wind:

- No wind
- Light breeze
- Medium wind
- Strong wind
- Gusty wind

Wind direction from the:

- North
- South
- East
- West
- From direction of this landmark: _____

Skies:

- Clear
- Cloudy
- Foggy
- Raining/drizzling

What were the Effects?

Did you smell or taste anything unusual? If so describe it as best as you can. *Try to associate the odor with something familiar, like rotten eggs, sweet or sour chemical, garlic, or chlorine.*

Did you feel anything on your skin, eyes, or clothing? No Yes

Did you inhale fumes? No Yes

Was anyone injured? No Yes

If yes, when did they start feeling sick? _____

What were their symptoms? _____

What part of the body was effected? _____

How long did the symptoms last? _____

Did the injured person(s) go to the doctor or hospital? *If so, please list the name of the doctor or hospital, phone number and address if you have it.* _____

Report of Investigation (attach documents as needed): _____

Complainant advised on: ____/____/____ Complaint closed on: ____/____/____

Investigator: _____

** If this complaint results in Legal action, confidentiality of the complaint cannot be assured.*