



PESTICIDE COMPLAINT FORM

I, _____, On _____, _____, _____,
 (Name, Type or Print) (Month) (Day) (Yr)

hereby submit the following complaint statement to the Commissioner of Agriculture, State of Colorado, :

I understand that as a result of filing this complaint I may be asked to testify at a formal administrative hearing on behalf of the Colorado Department of Agriculture (CDA).

I understand that the CDA has authority to investigate complaints for the purpose of determining if sufficient evidence is available to prove pesticides were or were not used according to label directions and applicable laws pertaining to their use, but has no authority to make a binding legal determination of the monetary value of any alleged damage due to pesticide use. I understand that compensation for any property damage or personal injury I may have suffered as a result of pesticide misuse is a matter for private negotiation with, or civil action against, the pesticide user and/or the user's insurance carrier. I further understand that if I believe someone has intentionally harmed or attempted to harm me or my property, I should also report that to my local law enforcement agency and file an appropriate report with them.

I hereby request that the Colorado Department of Agriculture investigate the allegations I have made herein and agree to give CDA personnel reasonable access to any property I own or control for the purposes of inspecting any alleged damage, collecting samples, and conducting any other related investigatory activities. I further agree that I will cooperate with the investigation and will make myself available as a witness in administrative proceeding or other legal action by CDA which may result from this complaint.

My correct contact information is:

LAST NAME:	FIRST NAME
STREET:	CITY:
STATE:	COUNTY: ZIP:
HOME PHONE:	WORK PHONE:

The company or person I am complaining about is: (write "Unknown" if you don't know)

COMPANY NAME OR INDIVIDUAL LAST NAME:	INDIVIDUAL FIRST NAME
STREET:	CITY:
STATE:	COUNTY: ZIP:
BUSINESS PHONE:	MOBILE PHONE:

I have read and understand the contents of this document and my statement including all attached pages. The statement herein is true to the best of my knowledge and belief.

Signed _____ Date: _____

