COMPLAINT FORM  
Maryland Department of Agriculture  
Pesticide Regulation Section  
50 Harry S. Truman Parkway  
Annapolis, Maryland 21401

DO NOT WRITE IN THIS SPACE

Date Received _____________
Complaint No. _____________
Assigned to _______________

Type of Complaint (check one)  
Pesticide Use/Misuse ___________  
Inspection for Pests ______________

PLEASE BE ADVISED THAT BY FILING THIS COMPLAINT IT MAY BE NECESSARY FOR YOU TO APPEAR AT A FORMAL HEARING BEFORE THIS DEPARTMENT OR IN CRIMINAL COURT

1. Your Name

Last Name ____________________________
First Name __________________________ MI _____________
City __________________________ County _____________
State __________________________ Zipcode ______________
Home Phone ______________ Work Phone ______________

2. Complaint Against

Name ________________________________
Trading As __________________________
City __________________________ County _____________
State __________________________ Zipcode ______________
Phone Number ______________________ License No. (If known)_______
3. Contract Information

Did you enter into a contract? Circle **Yes** or **No**
If "Yes" was the contract Written or Oral

Name of Individual or Company you contracted with

Date of Contract (Month, Day, Year) If "Yes" give amount $ 

4. Work Performed

If Known Name of Person who applied /missapplied pesticide or performed pest inspection

Date the pesticide was applied or pest inspection was performed (Month, Day, Year)

Date of last service or pest inspection (Month, Day, Year)

5. Nature of Complaint

Please give detailed but concise explanation of your complaint in the order in which it occurred and attach any supporting documents including copies of contracts, warranties, inspection reports, service tickets or other correspondence. Continue on a separate sheet if necessary.

I CERTIFY UNDER THE PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signature of Complainant Date