

## DIRECTIONS FOR COMPLETING FORM

You may call or email to initiate the complaint. However, this form **must** be completed or the complaint will be withdrawn.

Please complete entire form legibly. You may reference initial email or submit email document in lieu of completing Section 3 (Nature of Complaint or Tip).

Form must be signed and dated.

To submit anonymously do not complete Section 1 of this form and do not sign. Forward complaint/tip to the address listed on the form via USPS without return address. Be advised, phone calls are not necessarily anonymous.

***After review of this form and any additional information submitted, the Department has final determination as to whether an investigation is warranted. Submission of this form does not guarantee an investigation. The Department may also forward to other Agencies as needed.***



# IPM IN SCHOOLS COMPLAINT/TIP FORM

Maryland Department of Agriculture  
Pesticide Regulation Section  
50 Harry S. Truman Parkway Annapolis,  
Maryland 21401  
Phone (410) 841-5710  
Fax (410) 841-2765

DO NOT WRITE IN THIS SPACE

DATE RECEIVED \_\_\_\_\_

COMPLAINT NO. \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_

NOTE: Before filing a complaint, you may wish to contact your Public School System's integrated pest management (IPM) Contact Person to see if they can address your concern(s), answer your questions, or resolve your complaint or regarding their IPM and Notification programs.

## CHECK THOSE THAT APPLY:

COMPLAINT \_\_\_\_\_ TIP \_\_\_\_\_

## TYPE OF COMPLAINT OR TIP

IPM \_\_\_\_\_ PESTICIDE USE/MISUSE \_\_\_\_\_ FAILURE TO PROVIDE, OR IMPROPER NOTIFICATION \_\_\_\_\_

### 1. Your Name

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### 2. School Information

Name of School \_\_\_\_\_ County \_\_\_\_\_

School Address \_\_\_\_\_

### 3. Nature of Complaint or Tip - Please give a detailed concise explanation. Continue on a separate sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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.

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

TO ENSURE A TIMELY RESPONSE, COMPLETED FORM(S) MUST BE MAILED TO THE ABOVE ADDRESS OR EMAILED TO PEST.REG@MARYLAND.GOV