

STATE OF CALIFORNIA
COMPLAINT REFERRAL
 PR-ENF-211 (REV. 04/03)

DEPARTMENT OF PESTICIDE REGULATION
 ENFORCEMENT BRANCH
 1001 I STREET
 P.O. BOX 4015
 SACRAMENTO, CALIFORNIA 95812-4015
 Web site: <http://www.cdpr.ca.gov>

DATE		C # *	
COMPLAINT RECEIVED BY (NAME / TITLE)			
BRANCH / REGION		Use of this number is optional.	
TELEPHONE NUMBER		COMPLAINT SOURCE (Check all applicable boxes)	
EMAIL ADDRESS		<input type="checkbox"/> Enforcement Headquarters <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> S Regional Office <input type="checkbox"/> Other (Branch, Agency, Public, Competitor, etc.)	
COMPLAINANT NAME / BUSINESS		PERSON / BUSINESS NAME BEING COMPLAINED ABOUT	
ADDRESS		ADDRESS	
TELEPHONE NUMBER	EMAIL ADDRESS	TELEPHONE NUMBER	EMAIL ADDRESS

Complaint:

Other Reference Numbers:

Other Witnesses or Contacts:	ADDRESS	TELEPHONE NUMBER
------------------------------	---------	------------------

PESTICIDE PRODUCT COMPLAINT
 PESTICIDE USE / MISUSE COMPLAINT
 OTHER _____

PRODUCT NAME	INCIDENT DATE
EPA REGISTRATION NUMBER	INCIDENT LOCATION/ADDRESS
CALIFORNIA REGISTRATION STATUS	COUNTY

Complaint must be signed by a supervisor prior to routing

SUPERVISOR SIGNATURE	COMPLAINT REFERRED TO:
----------------------	------------------------

ROUTING

<input type="checkbox"/> Regional Office	<input type="checkbox"/> Enforcement Branch Staff Person	<input type="checkbox"/> USEPA
<input type="checkbox"/> WHS	<input type="checkbox"/> Mill Assessment Program Branch	<input type="checkbox"/> Other Agency / Department
<input type="checkbox"/> CAC	<input type="checkbox"/> Other DPR Branch	

Print Form