



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 _____

Home Phone _____ Work Phone _____

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

Signature _____ Date _____