STATE OF CALIFORNIA

COMPLAINT OF HUMAN EXPOSURE OR UNSAFE CONDITION

PR-ENF-074 (EST. 9/94)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

COMPLAINANT'S NAME			TELEPHONE NUMBER (Include area code) ( )
ADDRESS	CITY	STATE	ZIP CODE

DATE OCCURRED	NUMBER OF PERSONS EXPOSED TO CONDITION:	IS EXPOSURE CONTINUING? YES ☐ NO ☐	WAS A DOCTOR SEEN? YES ☐ NO ☐	DOCTOR'S TELEPHONE (Include area code) ( )
DOCTOR'S NAME			DOCTOR'S ADDRESS	

LOCATION OF EXPOSURE OR CONDITION (Be Specific)

	COUNTY

DESCRIPTION OF EXPOSURE OR CONDITION

NAME OF PESTICIDE/MANUFACTURER	REGISTRATION NUMBER FROM LABEL
DOSE/DILUTION/VOLUME	COMMODITY/SITE TREATED
NAME OF PERSON OR FIRM ALLEGEDLY RESPONSIBLE	OWNER OR OPERATOR OF PROPERTY TREATED

OCCUPATIONAL SITUATION YES ☐ NO ☐	OCCUPATION

Important! You do not need to complete this portion of the form unless the complaint is the result of an occupational situation.

EMPLOYER'S NAME			TELEPHONE NUMBER (Include area code) ( )
ADDRESS	CITY	STATE	ZIP CODE
TYPE OF BUSINESS			
SUPERVISOR'S NAME	TITLE		

COMPLAINANT IS: ☐ FORMAL ☐ INFORMAL

EMPLOYEE CONFIDENTIALITY PURSUANT TO SECTION 6309 OF THE LABOR CODE:

I PERMIT THE DISCLOSURE OF MY NAME YES ☐ NO ☐

I PERMIT THE DISCLOSURE OF THIS INFORMATION YES ☐ NO ☐

I hereby certify that the above, to the best of my knowledge, is true and correct.

CLAIMANT'S SIGNATURE	DATE

PERSON RECEIVING THE COMPLAINT (Print name)	TITLE	DATE

Complainant: This form must be signed and dated prior to submission.