

South Dakota Department of Agriculture Division of Agricultural Services, Office of Agronomy Services

PESTICIDE INCIDENT COMPLAINT/DAMAGE FORM

Complainant Information

Your Name:									
Your Street (Physical) Address:									
Your Mailing Address (if different):									
Your City:	Your		State:	Your	Zip:				
Your County:									
Your Home pho	ne: Your		Wo	ork phone:					
Your Cellular ph	ione:								
Your Email addr	ess:								
Damaged prope	erty location [S	Street (Physic	cal) addres	s] if different	than address cited above:				
Legal land described Township R	ription: Range	Section	Qtr	Qtr					
TOWNSHIP IN	ange	Section	Qti	Qti					
Directions to damaged property (if no street address):									

Your property or crop allegedly damaged:

Persons	Homeowner Garden	Soybeans
Apiary (Bees)	Homeowner Ornamental Plants or Lawn	Sunflower
Apples	Nursery (Commercial)	Trees
Corn	Organic	Turf (Commercial)
Grapes	Ornamentals (Commercial)	Wheat
Greenhouse (Commercial)	Pasture	Pond/ stock dam/ reservoir/ water
Нау	Rangeland	Animals
Other (please state)		

Symptoms or damage conditions observed:

If damage is to a growing crop, has more than 25% of the crop been harvested?

Did you notify the pesticide applicator of the alleged damages?

How was notification made? (Personal contact, telephone, US mail, email, other)

Date and time of notification:

Complaint Information:

Date of Incident: Time of day incident occurred (if known):

Weather:

Sunny	Partly Cloudy	Overcast
Fog	Mist/Rain	Snow/Sleet

Wind Direction: Estimated wind speed (mph): Estimated air temperature (°F):

Pesticides used (if known):

What Application method was used?

Ground application (such as: tractor, 4-wheeler)	Aerial application (such as: plane, helicopter)
Unknown	Other (please state)

Who made the pesticide application?

Commercial Company	Farmer/Rancher	Homeowner/Neighbor
Weed District	Unknown	Other

Name of Pesticide Applicator (if known):

Application Company Name (if known):

Company/Applicator Address:

Company City: Company State: Company Zip:

Company County:

Company Telephone:

Land owner (or lessee) for whom pesticide was applied:

Land Owner-Lessee Name:	
Land Owner-Lessee Addres	s:

Land Owner-Lessee City: Land Owner-Lessee State: Land Owner-Lessee Zip:

Land Owner-Lessee Phone: Crop treated with pesticide:

	Homeowner Garden	Soybeans
Apiary (Bees)	Homeowner Ornamental Plants or Lawn	Sunflower
Apples	Nursery (Commercial)	Trees
Corn	Organic	Turf (Commercial)
Grapes	Ornamentals (Commercial)	Wheat
Greenhouse (Commercial)	Pasture	Pond/ stock dam/ reservoir/ water
Hay	Rangeland	Roadside
Animals	Other(please state)	

Chemical used (if known):

Witnesses	to app	lication.	. if anv	•
***********	to app		, ii aiiy	

Witness Name:

Witness Address:

Witness City: Witness State: Witness Zip:

Witness Phone:

Additional comments: