

Pesticide Complaint/Damage Form

TO: Delaware Department of Agriculture
Pesticide Section
2320 S. DuPont Hwy.
Dover, DE 19901



1. Date of pesticide application suspected of causing damage: _____
2. Date of Loss (or discovery of damage): _____
3. Pesticides used or product names: _____

4. Claimant's property or crop allegedly damaged (name crop, i.e. , ornamentals, pasture, animals, persons, etc.; and if person, name, address and phone number of health professional involved): _____

5. Symptoms or conditions observed: _____

6. Is claim due to pesticide non-performance (failure to control insects, weeds or other pests)? Yes No
7. If damage to growing crop, has 25% of crop been harvested? Yes No
8. Who made the pesticide application (check one): Commercial Operator Farmer Unknown
 Other (specify) _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
9. Landowner (or renter) for whom pesticide was applied:
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
10. Suspected cause or source of damage (mark all appropriate):
 Ground Application Air application Neighbor spraying Other _____
11. Statement of facts concerning pesticide use and alleged damage:
Time of Day: _____
Weather: _____ Wind Direction: _____
Estimated Wind Speed: _____ Temperature: _____
12. History of pesticides, fertilizers, and other chemicals used by you or the previous occupant on damaged site (attach additional sheets if necessary): _____

13. Have other investigators observed the damage? Yes No
Name: _____
Affiliation: _____

I hereby request that the Delaware Department of Agriculture investigate to determine the cause of the alleged damage and agree that Department of Agriculture personnel may have reasonable access to property which I own or control for purposes of inspecting the alleged damage and collection of samples. I further agree that I will cooperate with the investigation and will make myself available as a witness in any legal action or administrative proceeding which may result.

Signature: _____

Date: _____