ORM PICS-1 REV 08/03 OCC	OKLAHOMA STATE DEPT OF AGRICULTURE PLANT INDUSTRY & CONSUMER SERVICES PESTICIDE COMPLAINT STATEMENT	Office Use Only File No. Inspector Assigned To
Name of Co	mplainant	Date Rec'd
Address		Time Rec'd
City, State, Zip		Date Assigned Latest Date Due Category Cnty Source Code
Direction to	Complainants Address	Source Code
Phone: Busin	ness Home	
-		ood Infestation Report
3. Complain	t is against	
Address		
City, State, 2	Zip	
complai	e); 2. Kind and number of items allegedly affected; 3. Approximate date ont (a) name and address for whom the pesticide was applied (if known r; 5. Draw a map if appropriate.	
	ent of complaint is required in cases involving a product or service regulated by Pleartment of Agriculture, where the complainant feels a violation of the laws of the st	
or contan	or contaminated product, not fulfilling a contract, pesticide misuse, pollution, substandard work, etc	
B. Attach co	Attach copies (not originals) of all correspondence, contracts, invoices, checks, etc., which pertain to this complaint.	
concerne	• Upon completion of the investigation of a complaint by Plant Industry & Consumer Services, the conclusion will be forwarded to the concerned parties involved. Should civil action be initiated by either of the concerned parties, Oklahoma State Department of Agriculture personnel and/or records to the investigation will be made available by action of a subpoena.	
for purpo has been	dersigned, consent to allow the Oklahoma Department of Agriculture personnel accoses of inspecting and sampling, if necessary, in the conduct of their official investigated, if a violation of the laws of the State of Oklahoma appears to have or any legal action or Oklahoma Board of Agriculture proceeding.	gation. I further agree that after this complaint
MAIL TO:	PLANT INDUSTRY & CONSUMER SERVICES OKLAHOMA DEPT OF AGRICULTURE FOOD AND FORESTRY PO BOX 528804 OKLAHOMA CITY, OK 73152-8804 SIGNATURE OF CO.	MPLAINANT DATE