

# 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: \_\_\_\_\_