

Office of **Agricultural Commissioner**

555 Airport Way, Suite I Camarillo, CA. 93010 Telephone: (805)388-4222

Fax: (805) 388-4209

CAC Complaint #_ (YYYYMMDD-Your Initials-#) Assigned Date Supervisor Initials Completed **Supervisor Initials** Date Reviewed Date **Supervisor Initials**

Complaint Record

Date Received		To	otal Hours	-
Received by	_			
Via (phone, email, etc.)				
Date of Complaint Occurrence				
Complainant Name				
Complainant Address				
Complainant Phone Number, Fax & Email				
Indicate one: Pesticide Use Enforcement /	Right to Far	m Ordinance / Bee	s / Other	
Complaint (attach documents as needed)				
Findings / Action Taken / Comments (attac	ch document	s as needed)		