



Date Received _____

Via (phone, email, etc.) _____

Date of Complaint Occurrence _____ Time _____

Complainant Name _____

Complainant Address _____

Complainant Phone Number, Fax & Email _____

Indicate one: **Pesticide Use Enforcement / Right to Farm Ordinance / Bees / Other** _____

Complaint (attach documents as needed)

[illegible]

Findings / Action Taken / Comments (attach documents as needed)

[illegible]

CAC Complaint # _____	
(YYYYMMDD-Your Initials-#)	
Assigned _____	_____
Date	Supervisor Initials
Completed _____	_____
Date	Supervisor Initials
Reviewed _____	_____
Date	Supervisor Initials
Total Hours _____	