



**South Dakota Department of Agriculture
Division of Agricultural Services, Office of Agronomy Services**

INCIDENT COMPLAINT/DAMAGE FORM

Complainant Information

Your Name:

Your Street (Physical) Address:

Your Mailing Address (if different):

Your City: Your State: Your Zip:

Your County:

Your Home phone: Your Work phone:

Your Cellular phone:

Your Email address:

Damaged property location [Street (Physical) address] if different than address cited above:

Legal land description:

Township Range Section Qtr Qtr

Directions to damaged property (if no street address):

Your property or crop allegedly damaged:

	Persons		Homeowner Garden		Soybeans
	Apiary (Bees)		Homeowner Ornamental Plants or Lawn		Sunflower
	Apples		Nursery (Commercial)		Trees
	Corn		Organic		Turf (Commercial)
	Grapes		Ornamentals (Commercial)		Wheat
	Greenhouse (Commercial)		Pasture		Pond/ stock dam/ reservoir/ water
	Hay		Rangeland		Animals
	Other (please state)				

Symptoms or damage conditions observed:

If damage is to a growing crop, has more than 25% of the crop been harvested?

Did you notify the pesticide applicator of the alleged damages?

How was notification made? (Personal contact, telephone, US mail, email, other)

Date and time of notification:

Complaint Information:

Date of Incident:

Time of day incident occurred (if known):

Weather:

<input type="checkbox"/>	Sunny	<input type="checkbox"/>	Partly Cloudy	<input type="checkbox"/>	Overcast
<input type="checkbox"/>	Fog	<input type="checkbox"/>	Mist/Rain	<input type="checkbox"/>	Snow/Sleet

Wind Direction:

Estimated wind speed (mph):

Estimated air temperature (°F):

Pesticides used (if known):

What Application method was used?

<input type="checkbox"/>	Ground application (such as: tractor, 4-wheeler)	<input type="checkbox"/>	Aerial application (such as: plane, helicopter)
<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Other (please state)

Who made the pesticide application?

<input type="checkbox"/>	Commercial Company	<input type="checkbox"/>	Farmer/Rancher	<input type="checkbox"/>	Homeowner/Neighbor
<input type="checkbox"/>	Weed District	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Other

Name of Pesticide Applicator (if known):

Application Company Name (if known):

Company/Applicator Address:

Company City:

Company State:

Company Zip:

Company County:

Company Telephone:

Land owner (or lessee) for whom pesticide was applied:

Land Owner-Lessee Name:

Land Owner-Lessee Address:

Land Owner-Lessee City:

Land Owner-Lessee State:

Land Owner-Lessee Zip:

Land Owner-Lessee Phone:

Crop treated with pesticide:

			Homeowner Garden		Soybeans
	Apiary (Bees)		Homeowner Ornamental Plants or Lawn		Sunflower
	Apples		Nursery (Commercial)		Trees
	Corn		Organic		Turf (Commercial)
	Grapes		Ornamentals (Commercial)		Wheat
	Greenhouse (Commercial)		Pasture		Pond/ stock dam/ reservoir/ water
	Hay		Rangeland		Roadside
	Animals		Other(please state)		

Chemical used (if known):

Witnesses to application, if any:

Witness Name:

Witness Address:

Witness City:

Witness State:

Witness Zip:

Witness Phone:

Additional comments: