625 Robert St. N., St. Paul, MN 55155-2538 www.mda.state.mn.us

Pesticide and Fertilizer Management, Ph: 651-201-6696

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Pesticide/Fertilizer Inspection Request (Minn. Stat.§18.D 201, Subd. 3)

The Minnesota Government Data Practices Act classifies the identity of persons who register complaints with a government agency regarding a licensee or applicant as **private data on individuals** (Minn. Stat. § 13.41, Subd. 2(a)). The identity of persons who register complaints regarding violations of state law pertaining to the use of real property is classified as **confidential** (Minn. Stat § 13.44). A complainant's identity may be legally disclosed to those agencies and staff authorized to have access in order to investigate or litigate the complaint. If a complaint concerns a licensee or applicant, any other disclosure of the complainant's identity requires the complainants written permission (informed consent) or a valid court order. For more information regarding data privacy, call the division's Data Practices Coordinator at 651-201-6400.

Complainant's Name:	
Address:	County:
City:	State:Zip:
Phone:	Best time of day to call:
A person must not knowingly make or offer a false	statement record or other information as part of an investigations (Minn Stat 18.I
NOTE: For crop, garden, and ornamental damage coapplication that caused the damage	omplaints, this complaint must be received within 45 days of the alleged pesticide
I REQUEST THE COMMISSIONER OF AGRIC	CULTURE OR HIS AUTHORIZED AGENT TO INVESTIGATE THIS COMPLA
Complaint's Signature:	Date:
ADDRESS, PHONE OF BUSINESS/PERSON	(S) WHO YOU ARE FILING A COMPLAINT ABOUT, if known:
·	(S) WHO YOU ARE FILING A COMPLAINT ABOUT, if known:
Name:	· · · · · · · · · · · · · · · · · · ·
Name:	
Name:	County:Zip:
Name: Address: City: If known, what is your relationship to this	County:Zip:
Name: Address: City: If known, what is your relationship to this	County:State:Zip:s person? (check one): aintance
Name:	County:
Name:	County:

WHAT KIND OF COMPLAINT IS THIS?: Injury, damage to: ☐ Human ☐ Animals ☐ Pets Name(s)/Description _____ ☐ Crops, garden, plants, other property___ ☐ Other Explain ___ Injury/Damage: _____ ☐ Odor ☐ Unlicensed company or applicator violation **Location, Time and Date of Alleged Violation** Location:______ Date:_____ Time: _____ HAVE YOU SEEN A PHYSICIAN/VETERINARIAN FOR ALLEGED INJURY/DAMAGE TO HUMANS/ANIMALS? ☐ Yes If yes, please fill out the following Name of Clinic/Physician/Veterinarian: _____ _____Phone: _____ Address: ___ Physician/Veterinarian Diagnosis: Physician/Veterinarian states that the alleged injury: Was caused by pesticide Was NOT caused by pesticide Unsure ☐ No *If no*,why? _____ STATEMENT OF COMPLAINT: