



Rick Pate  
Commissioner

**STATE OF ALABAMA**  
**DEPARTMENT OF AGRICULTURE AND INDUSTRIES**  
**Pesticide Management - Professional Services**

1445 Federal Drive • Montgomery, Alabama 36107-1123  
(334) 240-7261 • Fax: 334-240-7316



---

## CONSUMER COMPLAINT FORM

### Information:

The Alabama Department of Agriculture is responsible for the enforcement of State and Federal pesticide laws and regulations. By completing the attached form you are providing information needed to investigate the manufacture, sale and/or use application of a pesticide. Submitting this form will authorize the Department to inspect your property if needed, examine and copy any pertinent documents, collect written statements, and take samples if necessary.

The Department is **authorized** to investigate those cases involving alleged pesticide mis-use, pesticide drift, substandard termite treatments if there is a current contract, failure to issue a termite contract, failure to retreat active termite infestations, certain sales practices leading to the application of a pesticide, pesticide mislabeling, illegal pesticide applicators, illegal pesticide sales, and illegal pesticide manufacture. The Department regulates Wood Destroying Organisms Infestation Inspection Reports known as clearance letters from the perspective of those qualified to issue the reports, conducting inspections, contents of the report, and the penalty for those not qualified to issue these reports.

The Department does **not** have authority regarding pricing of pesticides and/or pesticide application services, contractual disputes over payment, non-pesticide services, and personal or property damage disputes. These issues are usually of a civil nature; therefore, you may wish to seek legal counsel.

For questions regarding your health and/or safety concerning pesticides, you may contact your health care provider. You may also find health and pesticide safety information by contacting the EPA National Pesticide Info Center at 1-800-858-7378.

### Instructions:

The Alabama Department of Agriculture requires that all Consumer Complaints be submitted in written form. Please complete the attached form providing as much information as possible and attach copies of all pertinent documents such as contracts, service tickets, canceled checks (front and back), letters, diagrams or photographs.

**Incomplete forms and documentation not included will delay the processing of your complaint.**

### Return your completed form to the address listed below:

Alabama Department of Agriculture, Food Safety & Consumer Division, Pesticide Management Section,  
1445 Federal Drive, Montgomery, AL 36107-1123, **Phone:** (334) 240-7233, **Outside the local calling area: 1-800-642-7761 extension 7233, Fax:** (334) 240-7316

Upon receipt of the Consumer Complaint Form, our office will contact you and discuss your request prior to beginning any investigation. Responses will be prioritized based on the nature of the request.



Rick Pate  
Commissioner

**STATE OF ALABAMA**  
**DEPARTMENT OF AGRICULTURE AND INDUSTRIES**  
**Pesticide Management - Professional Services**

1445 Federal Drive • Montgomery, Alabama 36107-1123  
(334) 240-7261 • 1-800-642-7761, Ext. 7261



FAX: (334) 240-7316 EMAIL: Joe.Debrow@agi.alabama.gov

**CONSUMER COMPLAINT FORM**

**Please type or print using black ink**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Complaint Against (Name of Firm or Person)

\_\_\_\_\_  
Your Address

\_\_\_\_\_  
Address of above-named Firm or Person

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number (Home/Business)

\_\_\_\_\_  
Telephone Number

Have you consulted an attorney? \_\_\_\_ yes \_\_\_\_ no

Did you sign a contract? \_\_\_\_\_

Is there court action pending? \_\_\_\_ yes \_\_\_\_ no

Date of Transaction \_\_\_\_\_

Does the Department of Agriculture have permission to investigate and inspect the treated property to determine if the Structural Pest Control work is in accordance with the **Alabama Administrative Code**? \_\_\_\_ yes \_\_\_\_ no

Name of Salesperson \_\_\_\_\_

Service Involved \_\_\_\_\_

Has firm acknowledged your complaint? \_\_\_\_\_

PLEASE EXPLAIN THE ENTIRE CIRCUMSTANCES SURROUNDING YOUR COMPLAINT. (Use reverse side of form or attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Enclose copies of any written documents, such as contracts, graphs, letters, etc.**  
**RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.**