



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

**REQUEST FOR INVESTIGATION**

Rule 5E-14.1025, F.A.C.  
Telephone: (850) 617-7996  
Fax: (850) 617-7981

**Respond to:**  
Bureau of Inspection and Incident  
Response  
3125 Conner Boulevard, Suite N,  
Tallahassee, FL 32399-1650  
Or  
[AESCares@fdacs.gov](mailto:AESCares@fdacs.gov)

**Public Record Notice:**

Florida has a broad public records law (Chapter 119, Florida Statutes). Most written communications to or from state employees are public records obtainable by the public upon request. This communication may therefore be subject to public disclosure. If you wish for your personal information to remain confidential/anonymous, do not provide it on this form. However, providing contact information may assist investigators in resolving the issue more effectively.

**Note:** This completed form will be reviewed to determine whether your complaint or request falls within our authority. Unless submitted anonymously, you will be notified using the provided contact information if it is assigned for investigation, referred to another agency, or falls outside our jurisdictional authority.

**1. Submit Anonymously**

☐ I wish to remain anonymous. *Note: Anonymous complaints may limit the scope of investigation.*

**2. Contact Information (Skip this section if submitting anonymously)**

Providing your contact information helps investigators follow up for clarification or updates.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**3. Location of Incident**

Address or Description of Location: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Name of Property Owner, Employer, or Firm: \_\_\_\_\_  
Is this a gated community? ☐ Yes ☐ No  
Please provide visitor entry process (if applicable): \_\_\_\_\_  
\_\_\_\_\_

**4. Other Parties Involved:**

☐ HOA: \_\_\_\_\_  
☐ Property Management: \_\_\_\_\_  
☐ Witnesses: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

## **5. Incident Information**

Date of Incident: \_\_\_\_\_

Name or Type of Product: \_\_\_\_\_

Name of Applicator/Firm: \_\_\_\_\_

Application Equipment (backpack, boom sprayer, air blaster, etc.) \_\_\_\_\_

Vehicle Tag Number, Make, Model, Color: \_\_\_\_\_

**6. Have you reported this incident previously? If so, to whom?**

☐ Pest Control Company: \_\_\_\_\_

☐ Local Law Enforcement: \_\_\_\_\_

☐ Local Government: \_\_\_\_\_

☐ State Agency: \_\_\_\_\_

☐ Federal Agency: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Reference/Incident/File Number, or Contact Name: \_\_\_\_\_

## 7. Documentation (DO NOT PROVIDE MEDICAL RECORDS)

Please include any supporting documents (incident reports, contract, WDO Report, photos, videos, receipts, etc.).

### **8. Brief Summary of Complaint (Attach additional sheet if needed)**

Please include what happened, who was involved, and any observed effects (e.g., unlicensed activity, health symptoms, property damage, damage to pollinators, fish, or other wildlife impact).

[illegible]

[ ] Anonymous (**STOP**-Do Not Sign Below)

SIGNATURE OF COMPLAINANT (OR AUTHORIZED REPRESENTATIVE)

DATE \_\_\_\_\_

NOTE: The Department of Agriculture and Consumer Services has no authority under the Structural Pest Control Act, Chapter 482, F.S., or the Florida Pesticide Law, Chapter 487, F.S. to arbitrate any claims for personal or property damage or adjudicate settlement. If you wish to pursue these matters, you may want to consult an attorney for legal options.