

Complaint Form

Please fill out the following information regarding your complaint or concerns. Your contact information is required. If you wish to make an anonymous complaint please call our office during regular business hours at (442) 265-1500.

Contact Information:

Name	
Address	
City, State Zip	
Daytime Phone #	
Email	

Confidentiality: We will keep your name and information confidential, if requested.
Do you wish to remain confidential? Yes No

Complaint Type: Bees
Pesticide
Pest Infestation (insect, weeds, disease, vertebrate, etc)
Trap Location
Weights & Measures (gas stations, scales, electric submeters, etc)
Other

I have a complaint against: Fill out if applicable

Name	
Address	
City, State Zip	

Complaint Description: Briefly describe complaint details.

--