



**To be completed by IDPH staff**

Case#: \_\_\_\_\_ Complaint Received By: \_\_\_\_\_

Date: \_\_\_\_\_  Phone  Letter  In Person  Referral

**Complainant**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Business or Individual**

Complaint Directed Against: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Pesticide(s): \_\_\_\_\_ Pests: \_\_\_\_\_

Complaint: \_\_\_\_\_



***To be completed by IDPH staff***

Further Action Taken:

Disposition: \_\_\_\_\_

\_\_\_\_\_  
Inspector