

Pesticide Incident Information Form

This form will help you record the information about a pesticide incident or illness. The information you write here can help help you remember the facts and get the specific details that investigators need to find out what happened. If you have questions or need help recording your information call the Tribe's Environmental Program. The sooner you can record the information after an incident, the stronger your statements become in any investigation. After completing this form, report the incident by calling your Agricultural Commissioner.

For Del Norte County: 707/464-7235

For Humboldt County: 707/441-5260

Or go online at:

<http://www.dtsc.ca.gov/database/CalEPA_Complaint/index.cfm>.



Yurok Tribe Environmental Program

15900 HWY 101 N.

Klamath, CA

95548

Phone: 707- 482-1822 ext 1013

GENERAL INFORMATION

You do not need to provide personal information if you do not want to.
You can file a complaint without giving your name or the name of anyone else.

Name:	
Address:	
State/Province:	
Zip Code:	

Home Phone:	
Cell Phone:	

Names of any other witnesses (if you know them):

Do you want a copy of the incident report mailed to you? **yes** **no**

DESCRIBE WHAT HAPPENED

Where did the incident happen? (Please write the street address or the most specific location you can give)

What was the date and time of the incident?

Mon	
Tues	
Wed	
Thurs	
Fri	
Sat	
Sun	

Was it indoors?

At home	
At school	
At work	
Other	

Was it outdoors?

In your back yard	
In your front yard	
Above your home	
On your street	
On the river	
Along a road	
In a park	
In an agricultural field	
Other	

DESCRIBE THE EFFECTS

Did you smell or taste anything unusual? If so, describe it as best you can. *Try to associate the odor with something familiar like rotten eggs, sweet or sour chemicals, garlic, or chlorine. Some other descriptions are oily, metallic, burning, light, or heavy.*

Did you feel anything on your skin, eyes, or clothing? yes no

Did you inhale fumes? yes no

Did you eat contaminated food? yes no **What?**

Was anyone hurt? yes no

What were the symptoms? What part of the body was affected? How long did the symptoms last?

When did they start feeling sick?

Did the injured go to a doctor, clinic, or hospital? yes no

If so, please list the name of the doctor, clinic, or hospital and the phone number if you have it.

You don't have to provide contact information if you don't want to. However, if you know the names of any people injured or involved, you can write them below.

Name:

Address:

State/Province:

Zip Code:

Home Phone: Cell Phone:

Use this space for any additional information necessary to fully express your concerns.