

MOSQUITO CONTROL COMPLAINT FORM



This form is to be used for general mosquito control complaints regarding application locations, too much control, not enough control, or any other general mosquito control complaint.

Please provide as much detail as possible so that we may conduct a thorough investigation. **Be aware that this is a public document.** We encourage you to provide your information so that we can follow up with you about your complaint, although if you wish to remain anonymous please indicate so by writing "Anonymous" under Section 1- Complainant. If contact information was provided, the Mosquito Control Supervisor or another Mosquito Control Employee may contact you to gather further details. If you provide contact information you can also elect to be advised of any actions taken in response to your complaint as soon as possible.

By checking the box to the left, I acknowledge and understand that the details of this document may be public.

1. Complainant

Full Name:	
Postal Address:	
Residential Address:	
Phone Number:	Email:

Check this box to the left if you would like us to advise you on actions taken in response to your complaint.

2. Nature of the Complaint

3. Questionnaire

a. Are you satisfied with the amount of Mosquito Control we provide?

Yes No

If no, how would you like to see us improve?

b. Do you feel we communicate well with the public about our program?

Yes No

If no, how would you like to see us improve?

c. In the space below, please provide any additional feedback you may have.

Complainant Signature Date

OFFICE USE ONLY		
Follow Up Date(s)		
Mode of Follow up:		