BEE COMPLAINT FORM

PLEASE COMPLETE THE APPROPRIATE SECTIONS

A. COMPLAINTANT INFORMATION

DATE REPORTED: ___________  TIME REPORTED: ___________

REPORTED BY:  ANONYMOUS [ ] NO [ ] YES

[ ] Private Citizen [ ] Business [ ] Government Entity [ ] Other: ________________________________

COMPLAINANT NAME: ________________________________

STREET ADDRESS/CITY/STATE/ZIP: ________________________________

PHONE NUMBER: Home:____________________ Cell:______________ Email:____________________

B. COMPLAINT AGAINST

NAME OF PERSON COMPLAINT AGAINST: ________________________________  [ ] UNKNOWN

STREET ADDRESS/CITY/STATE/ZIP: ________________________________

PHONE NUMBER: Home:____________________ Cell:______________ Email:____________________

C. COMPLAINT DETAILS

BEES INVOLVED: [ ] Managed apiary [ ] Unknown source  # OF COLONIES OBSERVED: ________

COMPLAINT TYPE: [ ] Stinging [ ] Over-defensive [ ] Location [ ] Water [ ] Swarming [ ] Other:__________

DATE/TIME OF OCCURRENCE: ___________  LOCATION: ________________________________

JURISDICTION: [ ] UNINCORPORATED  [ ] INCORPORATED, CITY: ________________________________

BEEKEEPER WORKING BEES AT TIME OF OCCURRENCE: [ ] NO  [ ] YES

MARKINGS ON BEE BOXES: [ ] NO  [ ] YES (If yes, information stated):____________________

D. DESCRIPTION OF COMPLAINT

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

E. FOR OFFICE USE ONLY

REPORT RECEIVED BY: ________________________________  APIARY REGISTERED: [ ] NO [ ] YES [ ] N/A

ACTION TAKEN: [ ] Assigned to Apiary Inspector  [ ] Referred complainant to Municipality  [ ] Resolved over phone  [ ] Other

CONCLUSION: ________________________________

________________________________________________________________________

DATE RESOLVED: ________________________________

HBPP-BC (Rev.01/17)