

DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES

9325 HAZARD WAY, STE. 100, SAN DIEGO, CA 92123-1217 PHONE: (858) 614-7738 or (800) 200-BEES(2337) FAX: (858) 467-9697

www.sdcountybees.org

BEE COMPLAINT FORM

IN ORDER FOR US TO INVESTIGATE YOUR COMPLAINT, PLEASE COMPLETE THE APPROPRIATE SECTIONS AND SUBMIT FORM TO LABS.AWM@SDCOUNTY.CA.GOV

DATE REPORTED:	A. COMPLAINANT INFORMAT	ION		
REPORTED BY: [] Private Citizen [] Business [] Government Entity [] Other: COMPLAINANT NAME: STREET ADDRESS/CITY/STATE/ZIP: Cell: Email: PHONE NUMBER: Home: Cell: Email: NEORMATION REGARDING THIS COMPLAINT IS CONSIDERED PUBLIC RECORD. IF YOU WISH TO REMAIN ANONYMOUS, INITIAL HERE: 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 OCCURENCE: LOCATION: UNINCORPORATED [] INCORPORATED, CITY: SEEKEEPER WORKING BEES AT TIME OF OCCURENCE: NO] YES MARKINGS ON BEE BOXES: [] NO] YES (If yes, information stated): D. DESCRIPTION OF COMPLAINT	DATE REPORTED:	TIME REPORTED:		
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I HEREBY CERTIFY THAT THE ABOVE, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.				
COMPLAINANT SIGNATURE: DATE:		BOVE, TO THE BEST OF I		ND CORRECT.



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REPORT RECEIVED BY:	APIARY REGISTERED: [] NO [] YES [] N/A		
ACTION TAKEN: [] Assigned to Apiary Inspector	[] Referred complainant to Municipality	[] Resolved over phone [] Other	
CONCLUSION:			