



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

A. COMPLAINANT INFORMATION

DATE REPORTED: TIME REPORTED: REPORTED BY: [] Private Citizen [] Business [] Government Entity [] Other: COMPLAINANT NAME: STREET ADDRESS/CITY/STATE/ZIP: PHONE NUMBER: Home: Cell: Email:

INFORMATION 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

BEEES INVOLVED: [] Managed apiary [] Unknown source # OF COLONIES OBSERVED: COMPLAINT TYPE: [] Stinging [] Over-defensive [] Location [] Water [] Swarming [] Other: DATE/TIME OF OCCURENCE: LOCATION: JURISDICTION: [] UNINCORPORATED [] INCORPORATED, CITY: BEEKEEPER WORKING BEES AT TIME OF OCCURENCE: [] NO [] YES MARKINGS ON BEE BOXES: [] NO [] YES (If yes, information stated):

D. DESCRIPTION OF COMPLAINT

Large empty box for description of complaint

I HEREBY CERTIFY THAT THE ABOVE, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

COMPLAINANT SIGNATURE: DATE:



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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: _____