



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: _____