

Confined Animal Feeding Operations (CAFO) Program Water Quality Complaint Form

Complaint Taken By: _____

Date Reported to CAFO: _____

Time Reported: _____

County: _____

Weather Conditions: _____

Oregon Revised Statute (ORS) 468B.217 describes the Oregon Department of Agriculture's authority for receiving and investigating CAFO complaints. While you are not required to use this form to submit a complaint, the information identified in this form is necessary to conduct an investigation. The information may be sent to the Oregon Department of Agriculture, Natural Resources Program Area, 635 Capitol St. NE, Salem, OR 97301. Fax: 503 986-4730

OPERATION/FACILITY INFORMATION

Operator Name: _____ MA #: _____

Business Name: _____ Phone: _____

Address, City, Zip: _____

Dairy Calf Swine Poultry Mink Beef Horse Compost Other: _____

Impacted Stream Segment: _____

Complaint Specifics: _____

Have you (complainant) filed this or similar complaints about this operator with other agencies? Yes No

If Yes, with what other agency did you file complaints with? _____

OUTCOME

Conducted Complaint Inspection - Inspection Report# _____

Inspection findings _____

Transferred Complaint to another Agency/Entity: Agency/Entity _____

Other:

COMPLAINANT INFORMATION

Name: _____

Address, City, Zip: _____

Phone: _____ Email: _____

Confidential? No
 Yes

Notes: _____

