

Date of Complaint: _____

(Assigned by NHDAMF)

New Hampshire Department of Agriculture, Markets & Food

Best Management Practices Complaint Form

[Pursuant to RSA 431:33-35 Manure, Agricultural Compost, and Chemical Fertilizer Handling](#)

Property Owner Information: (Person whom complaint is made against)

Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____

If known, times during the week when the property owner may be at the property:

Site Location of Alleged Mismanagement:

Address: _____

City/Town: _____

Directions to site from a major highway: Required: Please be specific:

Description of Alleged Mismanagement:

Describe the mismanagement; e.g. odors, water quality, etc. Include the number & type(s) of animals involved, names of nearby wetlands, streams or rivers, proximity to neighboring properties, runoff issues, type of material involved; manure, compost, chemical fertilizer. Attaching a map, photographs or a diagram is helpful.

Complainant Information (person making complaint):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____ Email: _____

Print Name: _____ Signature(required): _____

Do you wish your name to be kept confidential by NHDAMF: [] Yes [] No **see note

For NHDAMF Office Use:

Date Complaint Received: _____

Inspector: _____ On Site Inspection Date: _____

Comments: _____

A complaint MUST be submitted in writing and signed by the complainant BEFORE a site visit can be done.

**We can not guarantee that complainant information can be kept confidential.

**Forward this complaint form to: NH Dept. of Agriculture, Markets & Food, Div. of Regulatory Serv.
25 Capitol St., PO Box 2042
Concord NH 03302-2042
Phone: (603) 271-3685, 271-2753
Fax: (603) 271-1109
Email: registrations@agr.nh.gov**