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| DTCP-BWM-005 (rev. 3/2025) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Wisconsin Department of Agriculture, Trade and Consumer Protection  *Bureau of Weights and Measures*  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4942 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPLAINT FORM  Wisconsin Stat. § 15.04(1)(m) requires the following notice: This form is authorized by Wis. Stat. §§ 93.06(1)(a) and 93.07(2). Completing this form is voluntary. This form is subject to Wisconsin's Public Records Law, Wis. Stat. §§ 19.31 to 19.39. Therefore, personally identifiable information provided in this form might be released in response to a public records request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you wish to remain anonymous, do not provide any personally identifiable information in the below “Optional Information” section, including, but not limited to, your name, address, phone number, email, and signature. If you choose to remain anonymous, DATCP will not be able to inform you about the results of any investigation.  I wish to remain anonymous. Therefore, I have not provided any personally identifiable information in the below optional information section, and I have not provided my signature. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Optional Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Name (First, MI, Last): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apt # | | | PO Box |
| City | | | | | | | | | | | | State | | | | | | | Zip | | | | | County | | | | | | | |
| Best way for us to reach you between 8am and 4pm:  By home phone  By work phone  By email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home/cell phone  (   )     - | | | | | | Work Phone | | | | | | | Email | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business Your Complaint is Against** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address | | | | | | | | | | | | | | | Ste. # | | | | | | | PO Box | | | | | | | | | |
| City | | | | | | | | | | | | | State | | | | | Zip | | | | County | | | | | | | | | |
| Phone  (   )     - | | | | | | | | | | Name of staff person you spoke to: | | | | | | | | | | | | | | | Title of person (manager/cashier/customer service rep) | | | | | | |
| **Type of Complaint** (please check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Gas Pump Complaint (Weights and Measures Complaint)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Fuel: | | Regular 87 | | | | | Midgrade | | | | Premium | | | | | | Diesel | | | | | | Other: | | | | | | | | |
| Fuel Pump #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fuel Quality Complaint (Notice: the State of Wisconsin cannot accept personal fuel samples from any complainant or repair shop.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Fuel: | | Regular 87 | | | | | Midgrade | | | | Premium | | | | | | Diesel | | | | | | Other: | | | | | | | | |
| Ethanol Content: | | | | 0% | | | | | 10% | | | | | 15% | | | | | | 25% | | | | | | 85% | | | | N/A | |
| Vehicle Year: | | | | | | | | | | Make and Model: | | | | | | | | | | | | | | | Miles driven before trouble: | | | | | | |
| Yes | No | | | | Was station receiving product at time of purchase? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | Was vehicle checked by service/repair shop? Name of shop: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | Was the cause of the problem determined? Is so, what? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | Were any repairs required? If so, provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | | | | Have you made any attempts recover damages from the fuel station? | | | | | | | | | | | | | | | | If so, what happened? | | | | | | | | | | |
| **Information About Your Complaint** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Occurrence/Transaction (Month/Day/Year): | | | | | | | | | | | | | | | | | Time of Occurrence (include am or pm): | | | | | | | | | | | | | | |
| Describe your complaint in detail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The information I have provided in completing this complaint form is true and accurate to the best of my knowledge. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| YOUR SIGNATURE | | | | | | | | | | | | | | | | | | | | | | | | | | | DATE | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Return this form and copies of your papers and/or receipts to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bureau of Weights and Measures  2811 Agriculture Drive  PO Box 8911  Madison WI 53708-8911 | | | | | | | | | | | | | | | | Or email to: [DATCPWMComplaints@wi.gov](mailto:DATCPWMComplaints@wi.gov) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Weights and Measures Office Use Only** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PHONE CALL | | | | | | | | ELECTRONIC | | | | | | | | LETTER | | | | | | | | | | | | | PERSONAL CONTACT | | |
| Complaint received by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date received: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This document can be made available in alternate formats to individuals with disabilities upon request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |