



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:

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was station receiving product at time of purchase? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was vehicle checked by service/repair shop? Name of shop: |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Was the cause of the problem determined? If so, what? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Were any repairs required? If so, provide details: |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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

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.