



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

( ) -

**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.**

### 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)

**Price or Package Complaint**

**Incorrect Package Weight:**

Product Brand Name:

Product Description/Size:

UPC Code:

Item Labeled Quantity/Weight:

Item Actual Quantity/Weight:

<b>Incorrect Price:</b>	
Product Brand Name:	
Product Description:	UPC Code:
Advertised/Shelf Price:	
Amount You Were Charged:	
<b>Package Labeling:</b>	
Product Brand Name:	
Product Description:	
<input type="checkbox"/> <b>Gas Pump Complaint</b>	
Type of Fuel:	<input type="checkbox"/> Regular 87 <input type="checkbox"/> Midgrade <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input type="checkbox"/> Other:
Fuel Pump #:	
<input type="checkbox"/> <b>Scale Complaint</b>	
Type of Scale (Vehicle, Scale, Retail Scale, etc.):	
Location of Scale (Inbound, Deli Counter, Checkout Lane #, etc):	
<input type="checkbox"/> <b>Other Complaint</b>	
<b>Information About Your Complaint</b>	
Date of Occurrence/Transaction (Month/Day/Year):	Time of Occurrence (include am or pm):
Receipt Available? Yes/No (please provide copy):	
Describe your complaint in detail:	
<b>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.</b>	
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.