# COMPLAINT FORM

## Your Contact Information

<table>
<thead>
<tr>
<th>Your Name (First, MI, Last):</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Apt. #</th>
<th>PO Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

Best way for us to reach you between 8am and 4pm:  
- [ ] By home phone  
- [ ] By work phone  
- [ ] By email

<table>
<thead>
<tr>
<th>Home/cell phone ( ) -</th>
<th>Work Phone ( ) -</th>
<th>Email</th>
</tr>
</thead>
</table>

## Business Your Complaint is Against

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Ste. #</th>
<th>PO Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone ( ) -</th>
<th>Name of staff person you spoke to:</th>
<th>Title of person (manager/cashier/customer service rep)</th>
</tr>
</thead>
</table>

## Type of Complaint (please check one)

- [ ] Weights and Measures Complaint

Please check one:

- [ ] Item Price Misrepresented  
- [ ] Product Labeling  
- [ ] Scale  
- [ ] Package Weight Misrepresented

- [ ] Product Method of Sale  
- [ ] Vehicle Tank Meter  
- [ ] LPG Meter  
- [ ] Other: __________

**Product details:**

- [ ] Product Brand Name: __________
- [ ] Product Description/Size: __________  
- [ ] UPC Code: __________
- [ ] Amount You Paid: __________  
- [ ] Advertised/Shelf Price: __________

<table>
<thead>
<tr>
<th>Item Labeled Quantity/Weight: __________</th>
<th>Item Actual Quantity/Weight: __________</th>
</tr>
</thead>
</table>

Other Product Deficiency: __________

- [ ] Gas Pump Complaint

Type of Fuel:  
- [ ] Regular 87  
- [ ] Midgrade  
- [ ] Premium  
- [ ] Diesel  
- [ ] Other: __________

Fuel Pump #: __________

- [ ] Fuel Quality Complaint

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?

Page 1 of 2
Yes  No -- Was vehicle checked by service/repair shop? Name of shop: 

Yes  No -- Was the cause of the problem determined? If so, what? 

Yes  No -- Were any repairs required? If so, what? 

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: 

How do you feel your complaint should be resolved?

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. Under Wisconsin’s Open Records Law, this complaint will be available for public review upon request, after this department’s action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature: __________________________ Date: __________________________

Return this form and copies of your papers to:

Bureau of Weights and Measures
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911
Or email to: datcpweightsandmeasures@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.