



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

Your Contact Information I wish to remain anonymous

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)

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: _____

Item Labeled Quantity/Weight: _____ Item Actual Quantity/Weight: _____

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?

<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, what? _____
<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:	
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			
<input type="checkbox"/> PHONE CALL	<input type="checkbox"/> ELECTRONIC	<input type="checkbox"/> LETTER	<input type="checkbox"/> PERSONAL CONTACT
Complaint received by:			
Date received:			

This document can be made available in alternate formats to individuals with disabilities upon request.