



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 \_\_\_\_\_  
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**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) \_\_\_\_\_  
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**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: DATCPWMCComplaints@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.