



**Division of Measurement Standards
Consumer Complaint Form**

INVESTIGATION # _____ DATE: _____ TIME: _____

COMPLAINT REC'D BY: _____ INVESTIGATOR/INSPECTOR: _____

Phone Voicemail Email Online Walk-In Other: _____

COMPLAINANT'S NAME: _____ Request Results: _____

PHONE #: _____ EMAIL: _____

BUSINESS NAME: _____ AREA #: _____

ADDRESS/CROSSROADS: _____

CITY, STATE, ZIP: _____ COUNTY: _____

TYPE OF COMPLAINT: _____

DATE OF OCCURRENCE: _____ TIME OF OCCURRENCE: _____

COMPLAINT: _____

FUEL GRADE: _____ FUEL PUMP # _____

ADDITIONAL COMMENTS:

INVESTIGATOR/INSPECTOR USE ONLY

INVESTIGATOR/INSPECTOR NAME: _____

DATE OF INVESTIGATION: _____ TIME OF INVESTIGATION: _____ TOTAL TIME: _____

INVESTIGATION REPORT: _____

INVESTIGATION STATUS: Valid Invalid Undetermined

DID INVESTIGATOR/INSPECTOR CONTACT COMPLAINANT FOR RESULTS?

Yes | Date: _____ Time: _____ No | Reason: _____

INVESTIGATOR/INSPECTOR SIGNATURE: _____