

**NEVADA DEPARTMENT OF AGRICULTURE
DIVISION OF MEASUREMENT STANDARDS
BUREAU OF WEIGHTS AND MEASURES**

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CONSUMER COMPLAINT PETROLEUM PRODUCT CONTAMINATION

Investigation # _____ Date _____ Time _____

Person Taking Complaint _____ Investigator _____

Complainant's Name _____

Address _____

Phone Number _____

Defendant's Name _____

Address _____

Phone Number (If available) _____

Nature of
Complaint _____

FUEL PURCHASED: DATE _____ TIME _____

Note: If fuel was not purchased within 24 hours, sample may be considered routine.

GRADE _____ PUMP No. _____ Other info to identify dispenser: _____

TYPE OF COMPLAINT (circle those that apply):

Water Sediment; Diesel/Gas mix; Will not start; Stalls; Runs Rough; Smokes; Backfires; Vapor
Lock; Knocking; Phase Separation; Other _____

Date/Time of Investigation: _____ Total Time _____
Including Travel

INVESTIGATION REPORT _____

COMPLAINANT'S SIGNATURE _____

INVESTIGATOR'S SIGNATURE _____

INVESTIGATION STATUS: Valid _____ Invalid _____

Undetermined _____ Pending Lab Analysis _____

3-WM