



Consumer Equitability
Consumer Complaint Form

INVESTIGATION # DATE: TIME:

COMPLAINT REC'D BY: INVESTIGATOR/INSPECTOR:

Phone Voicemail Email Online Walk-In Other

COMPLAINANT'S NAME: Requests Investigation Results

PHONE #: EMAIL:

BUSINESS NAME: AREA #:

ADDRESS/CROSSROADS:

CITY: ZIP: COUNTY.....

PHONE # (if available):

DATE OF OCCURRENCE: TIME OF OCCURENCE:

TYPE OF COMPLAINT: Fuel Station Pump #: Grade: Petroleum Contamination

Scale Price Verification/Scanning Packaging Other

COMPLAINT DESCRIPTION:

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INVESTIGATOR/INSPECTOR USE ONLY:

INVESTIGATOR/INSPECTOR NAME:

DATE OF INVESTIGATION: TIME OF INVESTIGATION: TOTAL TIME:

INVESTIGATION REPORT:

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INVESTIGATION STATUS: Valid Invalid Undetermined

DID INVESTIGATOR/INSPECTOR CONTACT COMPLAINANT FOR RESULTS?

Yes Date: Time: No

INVESTIGATOR/INSPECTOR SIGNATURE: