



**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: ..... 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:

.....  
.....  
.....

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  
INVESTIGATOR/INSPECTOR SIGNATURE: \_\_\_\_\_