



Department of Agriculture, Trade and Consumer Protection

Weights and Measures Complaint

Please attach copies (both sides) of all documentation that supports your complaint, such as: Receipts, advertisement.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone: Home () _____ Work () _____ ext. _____ Cell () _____

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.#: _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

2. What business is your complaint against?

Name of business: _____

Address: _____ Ste.#: _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person you talked to: _____ Title: _____

3. Information about your complaint

When did the incident occur? month: _____ day: _____ year: _____

How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

4. Motor fuel complaint:

Pump Number: _____ Do you have a receipt? (check one) No Yes, if yes please attach a copy.

Grade of Fuel: (check one) Regular Mid-grade Premium Diesel Other: _____

What was the problem? (check one)

- | | |
|---|---|
| <input type="checkbox"/> Pump amount did not start at zero. | <input type="checkbox"/> Printed receipt differs from pump readings. |
| <input type="checkbox"/> Sale amount increased after pumping ceased. | <input type="checkbox"/> Pump price differs from posted/advertised price. |
| <input type="checkbox"/> Pump did not deliver correct amount of fuel. | <input type="checkbox"/> Other, please describe in #8 on back. |

5. Price scanner complaint:

Product purchased: _____ Brand name: _____ Size: _____

Amount paid: _____ Do you have a receipt? (check one) No Yes, if yes please attach a copy.

Posted / Advertised price: _____ Scanned / Receipt price: _____

6. Other complaint:

Product purchased: _____ Brand name: _____ Size: _____

Amount paid: _____ Do you have a receipt? (check one) No Yes, if yes please attach a copy.

IMPORTANT: More questions on the back page (over)

7. Did you contact the business about your complaint? *(check one)* No Yes, if yes when / date: _____

If yes, what happened? _____

8. Describe complaint in detail. _____

9. How do you feel your complaint should be resolved? *(please be specific)* _____

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 one copy of your papers to the Wisconsin Department of Agriculture, Trade and Consumer Protection at:

DATCP – Weights and Measures Section
PO Box 8911 2811 Agriculture Dr
Madison WI 53708-8911

Toll free in Wisconsin: (800) 422-7128

FAX: (608) 224-4939

(608) 224-4940

TTY: (608) 224-5058

E-MAIL: DATCPWeightsAndMeasures@Wisconsin.gov

WEBSITE: www.datcp.state.wi.us

For Weights and Measures Office Use Only			
Phone call <input type="checkbox"/>	Electronic <input type="checkbox"/>	Letter <input type="checkbox"/>	Personal Contact <input type="checkbox"/>
Complaint received by:			
Date received:			
Complaint referred to:			
Date complaint referred to inspector:	Complaint Number		
Inspection Results:			
Inspectors Signature:	Date		