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| TR-WM-148 5/19 | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  *Bureau of Weights and Measures*  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4942 | |
| COMPLAINT FORM | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Your Contact Information  I wish to remain anonymous | | | | | | |
| Your Name (First, MI, Last): | | | | | | |
| Street Address | | | | | Apt. # | PO Box |
| City | | | State | Zip | County | |
| Best way for us to reach you between 8am and 4pm:  By home phone  By work phone  By email | | | | | | |
| Home/cell phone  (   )     - | Work Phone  (   )     - | Email | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Business Your Complaint is Against | | | | | |
| Business Name | | | | | |
| Business Address | | | | Ste. # | PO Box |
| City | | State | Zip | County | |
| Phone  (   )    - | Name of staff person you spoke to: | | Title of person (manager/cashier/customer service rep) | | |

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| Type of Complaint (please check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weights and Measures Complaint | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check one: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item Price Misrepresented  Product Labeling  Scale  Package Weight Misrepresented | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Product Method of Sale  Vehicle Tank Meter  LPG Meter  Other: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Product details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Product Brand Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Product Description/Size: | | | | | | | |  | | | | | | | | | | | | UPC Code: | | | |  | | | |
|  | Amount You Paid: | | | | |  | | | | | | | | | | | | Advertised/Shelf Price: | | | | | |  | | | | |
|  | Item Labeled Quantity/Weight: | | | | | | | | |  | | | | | | | | Item Actual Quantity/Weight: | | | | | | | |  | | |
|  | Other Product Deficiency: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas Pump Complaint | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Type of Fuel:  Regular 87  Midgrade  Premium  Diesel  Other: | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | Fuel Pump # | |  | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fuel Quality Complaint | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type of Fuel:  Regular 87  Midgrade  Premium  Diesel  Other: | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | Ethanol Content:  0%  10%  15%  25%  85%  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Vehicle Year: | | |  | | | | | | | Make and Model: | | | |  | | | | | | | | Miles driven before trouble: | | | | |  |
|  | Yes  No -- | | | | Was station receiving product at time of purchase? | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No -- | | | | Was vehicle checked by service/repair shop? Name of shop: | | | | | | | | | | | | | | | |  | | | | | | | |
|  | Yes  No -- | | | | Was the cause of the problem determined? If so, what? | | | | | | | | | | | | | | |  | | | | | | | | |
|  | Yes  No -- | | | | Were any repairs required? If so, what? | | | | | | | | | | | |  | | | | | | | | | | | |
|  | Yes  No -- | | | | Have you made any attempts recover damages from the fuel station? | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | If so, what happened? | | | | | |  | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information About Your Complaint | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Occurrence/Transaction (Month/Day/Year): | | | | | | | | | | | |  | | | | Time of Occurrence (include am or pm): | | | | | | | | | | |  | |
| Describe your complaint in detail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How do you feel your complaint should be resolved? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 copies of your papers to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bureau of Weights and Measures Or email to: datcpweightsandmeasures@wi.gov  2811 Agriculture Drive  PO Box 8911  Madison WI 53708-8911 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| For Weights and Measures Office Use Only | | | | |
| PHONE CALL | | ELECTRONIC | LETTER | PERSONAL CONTACT |
| Complaint received by: |  | | | |
| Date received: |  | | | |

This document can be made available in alternate formats to individuals with disabilities upon request.