



Weights & Measures Program COMPLAINT REPORT

DPH USE ONLY

Complaint ID _____ Received by inspector on: _____
Assigned to: _____

Date of Complaint: _____

Location Information - where the problem/complaint occurred:

Address: _____ Business Name (if known): _____

City: San Francisco State: CA ZIP (if known) _____

Description of location (ex. Gas station, store, taxi, etc) _____

Phone Number (if known) _____

Type of Complaint/Problem:

- scales gasoline pumps taximeters electric meters price scanners
- incorrect quantity or price liquefied petroleum gas dispensers
- gasoline contamination service station advertising

Describe
in
Detail

would you like to be contacted with results of investigation? YES NO

If yes, How would you like to be contacted - choose **1** option: mail e-mail phone

(this is intended for EHS use only and will not be given to outside parties)

your name _____ phone number _____

e-mail _____

If you would like to receive results by mail, include your mailing address

street address _____

city: _____ state: _____ zip: _____

DPH USE ONLY: see notes on the reverse side