



# County of San Diego

**HA DANG**

AGRICULTURAL COMMISSIONER/  
SEALER OF WEIGHTS & MEASURES

DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES

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**SANDY PARKS**

ASSISTANT DIRECTOR

## Consumer Complaint

**IN ORDER FOR US TO INVESTIGATE YOUR COMPLAINT, PLEASE COMPLETE THE APPROPRIATE SECTIONS AND PROVIDE ANY WRITTEN DOCUMENTATION THAT SUPPORTS YOUR COMPLAINT**

Name: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### I HAVE A COMPLAINT AGAINST:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Did you reach us by calling 1-888-TRUE-SCAN (878-3722)?  Yes  No

Date of Occurrence: \_\_\_\_\_

Did you contact the responsible party?  Yes  No

Describe your complaint (Attach additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Gas Station/Gas Contamination Section** (Please describe your complaint in the above section)

**Type of Fuel:**  Gasoline  Diesel **Octane:** (Please circle) 87 89 91 92 Other: \_\_\_ **Pump #:** \_\_\_

Note: If you do not know the pump number, please draw a pump layout and circle the suspected pump.

<p><b>N</b> ↑</p> <p style="text-align: center;"><b><u>EXAMPLE</u></b></p> <p>X=Pump layout O= Suspected pump</p>	<p style="text-align: center;"><b><u>DRAW PUMP LAYOUT</u></b></p>
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