



County of San Diego

HA DANG
AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES
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GARRETT COOPER
ASST. AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

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: 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.

<u>EXAMPLE</u>		<u>DRAW PUMP LAYOUT</u>
N ↑	<p>X=Pump layout O= Suspected pump</p> <p>F a y X X X X O X X X X</p> <p>Station Office</p> <p>Fourth Ave</p>	