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.

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F a y
y X X X
X O X
S t
X X X
X X X

EXAMPLE

X = Pump layout  O = Suspected pump

DRAW PUMP LAYOUT

Station Office
Fourth Ave

WM General Consumer Complaint Form  6-10-16