

Riverside County Division of Weights and Measures  
P.O. Box 1480  
Riverside, CA 92502  
Phone 951-955-3030  
Fax 951-276-4728



**CITIZEN'S COMPLAINT**

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Complaint # \_\_\_\_\_

Complainant \*

Establishment in Question

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Complaint Type

Scales \_\_\_ Electric Meter \_\_\_ Weighmaster \_\_\_ Gas Station \_\_\_ Misc QC \_\_\_  
Scanner \_\_\_ Vapor Meter \_\_\_ PI Problem \_\_\_ LPG \_\_\_ Misc Device \_\_\_  
Packaging \_\_\_ Retail Water \_\_\_ POS \_\_\_ Retail Meter \_\_\_

*If Gas Station*

Pump # \_\_\_\_\_ Grade or Product of Fuel Purchased: \_\_\_\_\_

Date of Occurrence: \_\_\_\_/\_\_\_\_/\_\_\_\_ Did you attempt to resolve this with the Establishment in Question? \_\_\_\_\_

**Complaint Description**

*(If more space is necessary, please attach)*

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

Report of Investigation: \_\_\_\_\_

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

Complainant advised on: \_\_\_\_/\_\_\_\_/\_\_\_\_ Complaint closed on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Inspector: \_\_\_\_\_

\* If this complaint results in legal action, confidentiality of the complainant cannot be assured.