



# County of San Diego

**HA DANG**  
AGRICULTURAL COMMISSIONER/  
SEALER OF WEIGHTS & MEASURES

DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES  
9325 HAZARD WAY, STE. 100, SAN DIEGO, CA 92123-1217  
(858) 694-2739  
FAX (858) 467-9697  
<http://www.sdcawm.org>

**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.

N ↑	<b>EXAMPLE</b> X=Pump layout O= Suspected pump	<b><u>DRAW PUMP LAYOUT</u></b>
F a y S t	<p style="margin-left: 40px;">X X X</p> <p>XXX</p> <p>X O X</p> <div style="border: 1px solid black; width: 80px; height: 40px; margin: 0 auto; text-align: center; padding: 5px;">Station Office</div> <p>XXX</p>	
	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto; text-align: center; padding: 2px;">Fourth Ave</div>	