



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:** (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.

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