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 *

Name: _____

Address: _____

City: _____

Zip: _____ Phone: _____

Establishment in Question

Name: _____

Address: _____

City: _____

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.*