

Ronald G. Rios
County Commissioner Director

Shanti Narra
County Commissioner Deputy Director

Claribel A. Azcona-Barber
Charles Kenny
Leslie Koppel
Chanelle Scott McCullum
Charles E. Tomaro
County Commissioners



DEPARTMENT OF PUBLIC SAFETY & HEALTH
Office of Inspections
Division of Consumer Affairs / Weights & Measures

Shanti Narra
Chairperson,
Public Safety & Health

John A. Pulomena
County Administrator

Joseph W. Krisza
Department Head

Elsie Foster
Director

Weights & Measures Complaint Form

Complaint Reported By:	Complaint Reported Against:
Name _____	Name _____
Address _____	Business _____
City _____	Address _____
State _____ ZIP code _____	City _____
Home telephone number _____	State _____ ZIP code _____
Work telephone number _____	Telephone number (1) _____
*E-mail address _____	Telephone number (2) _____
*Note: By providing your e-mail address, you agree to receive communications from this office by e-mail.	E-mail address: _____

1. Nature of complaint (please check the appropriate box(es):

- | | |
|--|---------------------------|
| Supermarkets <input type="checkbox"/> | Gas Stations |
| Cash for Gold <input type="checkbox"/> | Fuel Oil Metered Delivery |
| Retail Stores <input type="checkbox"/> | Incorrect Labeling |
| Other (specify) _____ | |

2. Name of company you dealt with:

3. Name and title of company agents or employees you dealt with:

4. Describe the facts of your complaint in the order in which they happened. Type or print clearly. Use additional sheets of paper, if necessary. **Attach readable copies (no originals) of any complaint-related contracts, bills, receipts, canceled checks, correspondence or any other documents you feel are related to your complaint.**

5. The amount of loss involved in this complaint: \$_____. Please provide a breakdown of these losses:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. I authorize the New Jersey Division of Consumer Affairs to send this complaint form to the company or to interested parties and to use the information in any way that is necessary.

Signature*

Date

*** This certification must be signed by the person completing the form.**

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