

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



Shanti Narra
Chairperson,
Public Safety & Health

John A. Pulomena
County Administrator

Joseph W. Krisza
Department Head

Elsie Foster
Director

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

Any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the investigation is closed. You are also advised that the completed complaint form is a "government record," subject to disclosure under the Open Public Records Act (OPRA).

YOUR NAME:

BUSINESS NAME:

NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ HOME TELEPHONE NUMBER: _____ WORK TELEPHONE NUMBER: _____ * E-MAIL ADDRESS: _____ * NOTE: BY PROVIDING YOUR E-MAIL ADDRESS, YOU AGREE TO RECEIVE COMMUNICATIONS FROM THIS OFFICE BY E-MAIL.	BUSINESS: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NUMBER : _____ TELEPHONE NUMBER : _____ Name of employee(s) you dealt with: _____
---	--

Your age: 18-29 30-44 45-59 60 or older

Did you sign a contract? Yes No Cost of contract: _____

Where was contract signed? _____

Was a permit acquired (if applicable)? Yes No

Was work performed at your primary residence? Yes No

If your complaint involves a motor vehicle, please provide the following information:

 New Used Did you sign a warranty waiver? As Is

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, advertisements canceled checks, correspondence or any other documents you feel are related to your complaint.

