

Citizen's Complaint

Against _____

Date: _____

Address _____

Time: _____

Assigned To: _____

- Retail Meter # _____
- Gas Sample
- Scanner
- Packing
- POS
- Electric Meters
- Vapor Meters
- LPG
- Scales
- Weighmaster
- Misc. QC
- Retail Water
- Misc.

Description/Complaint

If this complaint results in legal action, confidentiality of the complaint cannot be assured.

Complainant: _____

Requested Confidentiality

Address: _____

Phone: _____

City: _____

Received By: _____ In Person Phone Email Fax Other

Have you contacted any other agency, consumer or legal? Yes No

If yes, who? _____

If we contact the business, do you want your name kept confidential? Yes No

Would you like to be informed with the result of our investigation/activities? Yes No

Department Response

Date Initiated: _____ Time: _____

Date of Inspection: _____ Reply to Complainant: Date: _____ Time: _____

By: _____ In Person Phone Email Fax Other

Inspector: _____

Complaint No. _____