



Send completed form to County of Orange Sealer of Weights & Measures:

222 East Bristol Lane, Orange, CA 92865 | Email: ocweightsandmeasures@awm.oc.gov | Phone: (714) 955-0100 | Fax: (714) 921-2713

PLEASE SELECT ONE:

CONSUMER COMPLAINT

- MOBILE HOME PARKS
- APARTMENT COMPLEXES
 - ELECTRIC SUBMETERS
 - GAS SUBMETERS
 - WATER SUBMETERS

CONSUMER COMPLAINT - OTHERS

- SERVICE STATIONS
- MARKETS
- RECYCLERS
- OTHERS: _____
PLEASE SPECIFY

YOUR INFORMATION

Contact Name: _____

Address: _____

City: _____

State: _____ Zip: _____

How to reach you for additional information regarding the complaint Mon - Fri, 8am - 4pm:

Phone: _____ Email: _____

Signature: _____ Today's Date: _____

COMPLAINT AGAINST

Co. Name: _____

Attention: _____

Address: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Establishment has been contacted? Y N

Date of Incident: _____

COMPLAINT

Due to

- | | | | | |
|--|--|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Overcharged on Items Purchased | <input type="checkbox"/> Short Measure | <input type="checkbox"/> Short Weight | <input type="checkbox"/> Short Count | <input type="checkbox"/> Scanner Error |
| <input type="checkbox"/> Underpaid/Short-changed | | | | |
| <input type="checkbox"/> Utility Bill Too High [Must include most recent three (3) months utility bills] | | <input type="checkbox"/> Other: | | |

Describe in Detail Complaint/Comments/Additional Info. (If applicable, include pump #, octane #, scale/scanner lane #, nature of hazard, etc., or anything that will help us investigate your complaint.)

Please check all that apply:

Enclosed are copies of most recent 3 months utility bills, receipts, photos or other supporting documents.

COUNTY USE ONLY - Do not fill!

Assigned to: _____ Date: _____ Completed By: _____ Date: _____