



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Weights and Measures
1261 Routes 1 & 9 South
Avenel, New Jersey 07001
(732) 815-4840

E-Mail: OWMcomplaints@dca.lps.state.nj.us

OWM Complaint Form

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

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

<input type="checkbox"/> Gas Stations	<input type="checkbox"/> Incorrect Scanner	<input type="checkbox"/> Liquid Propane Metered Delivery
<input type="checkbox"/> Supermarkets	<input type="checkbox"/> Scrap Yards	<input type="checkbox"/> Truck and Large Capacity Scales
<input type="checkbox"/> Drug Stores	<input type="checkbox"/> Concrete & Asphalt Plants	<input type="checkbox"/> Unit Pricing
<input type="checkbox"/> Retail Stores	<input type="checkbox"/> Fuel Oil Metered Delivery	<input type="checkbox"/> Incorrect Labeling
<input type="checkbox"/> Other (specify) _____		
- Name of company you dealt with:
- Name and title of company agents or employees you dealt with:
- 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.**