



Office of Weights and Measures
Somerset County
P.O. Box 3000
20 Grove Street
Somerville, New Jersey 08876-1262
David Dombey, Superintendent
Telephone: 908-231-7125
Fax: 908-429-0670

Email: WeightsMeasures@co.somerset.nj.us

OWM Complaint Form

Complaint Reported By:

Complaint Reported Against:

Name _____

Address _____

City _____

State _____ ZIP code _____

Home telephone number _____
(include area code)

Work telephone number _____
(include area code)

*E-mail address _____

NOTE: *By providing your e-mail address, you agree to receive communications from this office by e-mail.

Name _____

Business _____

Address _____

City _____

State _____ ZIP code _____

Telephone number (1) _____
(include area code)

Telephone number (2) _____
(include area code)

1. 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) _____ | | |

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.**