Jessica E. Miranda
HAMILTON COUNTY AUDITOR
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Weights and Measures Division
138 E Court St. - Room 501
Cincinnati, OH 45202

Voice: (513) 946-4130
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CONSUMER COMPLAINT REPORT

Store Name		Address		ZIP	
Business Type		Involved Parties	Self Relative Friend Other		
Date Occurred:		Time:	Device Involved And Location		

Details of Complaint:

SPOKE TO:	Manager		Cashier		Owner		Other		Name:

COMPLAINANT: Name: Telephone:

Address

May we give your name to the store? Yes No

Witness, If Any: Name: Telephone:

Address

May we give your name to the store? Yes No

Instructions for Completing This Form

Please try to provide us with as much information as possible. The more we know, the better we can look into your complaint. Fields that are highlighted on this form are required. Please try to complete the other fields if possible.
If you are filing a complaint on a gas pump or store "counter" scale, such as what you see in the meat department or by the cash registers, please give the pump number or scale location. For gas pumps we also need to know what grade of gas was used.

Examples: Device Involved And Location Pump #4; Regular Device Involved And Location Deli Scale OR Register #7

Please provide us with the details of your complaint. An example would be, "I turned on the pump and saw the handle was leaking." "The automatic shut off didn't work and gas splashed out of the filler pipe."

When you have completed this form, please send the form to us. Our address and fax number are at the top of the page. Or you may call into us, giving us the information on this page.

We thank you for your time and effort.