



COUNTY OF BERGEN
 DEPARTMENT OF PUBLIC SAFETY
DIVISION OF WEIGHTS AND MEASURES
 220 East Ridgewood Avenue • Paramus, NJ 07652
 (201) 336-7920 • FAX (201) 336-6423
 E-Mail: bcwmcomplaints@co.bergen.nj.us

B.C.W.M. COMPLAINT FORM

Complaint Reported By:

Complaint Reported Against:

Name: _____

Name: _____

Address: _____

Business Name: _____

City: _____

Address: _____

State: _____ Zip Code: _____

City: _____

Home Phone #: _____
 (area-code)

State: _____ Zip Code: _____

Work Phone #: _____
 (area-code)

Phone Number: _____
 (area-code)

*E-mail address: _____

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

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Gas Station | <input type="checkbox"/> Fuel Oil Metered Delivery | <input type="checkbox"/> Taxi Meter |
| <input type="checkbox"/> Supermarkets | <input type="checkbox"/> Retail Stores | <input type="checkbox"/> Drug Stores |
| <input type="checkbox"/> Incorrect Labeling | <input type="checkbox"/> Incorrect Scanner | <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: \$_____.

6. 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 Bergen County Division of Weights and Measures to use the information provided in any way that is deemed necessary.

Signature*

Date

***This certification must be signed by the person completing the form.**