

**Mississippi Department of Agriculture and Commerce
Weights and Measures Division**

Office: 601-359-1149 **P. O. Box 1609, Jackson, MS 39215-1609** Fax: 601-359-1175

COMPLAINT FORM

Date of Complaint: _____ Inspector Assigned: _____

Consumer Name:			
Address:			
City:	State:	Zip:	County:
Telephone Number:	Fax Number:	Email Address:	

Complaint/Concern submitted against:

Business Name:			Date Occurred:
Address:		Business Contact Name:	
City:	State:	Zip:	County:
Telephone Number:	Fax Number:	Email Address:	

Nature of Complaint

Please check which best describes the nature of the complaint and provide the details.

- 1) Product Weighed _____ Total Weight ____ Weight Deduction (tires, motor) ____ Scale Zeroed _____
- 2) Did you get a printed weight ticket? Y _____ N _____
- 3) Was there a Remote Display? Y _____ N _____ Did you see actual weight? Y _____ N _____
- 4) Was weight in question; *In Bound (IB)* or *Out Bound (OB)*? IB _____ OB _____ Was customer in or out of truck while weighing? In truck _____ Out of truck _____
- 5) Did you ask for reweigh? Y _____ N _____

Details of Complaint:

Resolution of Complaint: