



NH DEPT. OF AGRICULTURE, MARKETS & FOOD
 DIVISION OF WEIGHTS & MEASURES
 25 CAPITOL STREET
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 CONCORD, NH 03302-2042

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COMPLAINT REPORT

FORM: CR-04-03

		DATE SUBMITTED	TIME					
WHERE		LOCATION WHERE THE PROBLEM/COMPLAINT OCCURRED						
NAME OF BUSINESS					TELEPHONE NO.			
STREET ADDRESS				CITY		COUNTY		
WHEN	DATE:			TIME:				
WHAT	<ul style="list-style-type: none"> DESCRIBE COMPLAINT IN DETAIL: 							
<p>*For example include: for gas complaint, pump number, product grade, copy of receipt. For scales, lane checkout number, or other descriptive information so as to identify the scale. For Pricing Errors, include posted price, sale, advertised price, etc: Fire Wood – include number of deliveries, receipt received, number of cords, price per cord, have contacted the wood dealer, etc. Questions should be directed to: 603-271-3700</p>								
WHO DID YOU COMPLAIN TO AT THE LOCATION		DESCRIBE THE PERSON						
		NAME						
		SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR	EYE
		DISTINGUISHING CHARACTERISTICS						
HAVE YOU CONTACTED ANY OTHER AGENCY: CONSUMER OR LEGAL? <input type="checkbox"/> YES <input type="checkbox"/> NO								
IF YES, WHO:								
IF WE CONTACT THE BUSINESS, DO YOU WANT YOUR NAME KEPT CONFIDENTIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO								
WOULD YOU LIKE TO BE INFORMED WITH THE RESULTS OF OUR INVESTIGATION/ACTIVITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO								
PLEASE FILL OUT	NAME							
	ADDRESS							
	CITY				ZIP CODE			
	TELEPHONE NO.		E-MAIL			FAX		

This form must be complete before submitting to NHDAM&F. This form may be submitted by US Mail, Fax or E-mail.