

Division of
Weights & Measures
Complaint Form

Submit complaint to:

NHDAMF
Division of Weights & Measures
P.O. Box 2042
25 Capitol Street
Concord, NH 03302-2042
Phone: (603) 271-3700
Fax #: (603) 271-1109
Email: devices@agr.nh.gov

Pursuant to RSA 438:11, this form is to be completed for weights and measures complaints.

Complaint Against:
(include business name)

Name of business/contact person:

Address of business:

Town/City:

Phone number:

Please describe the problem (including date, time, and nature of problem):

Complainant Information
(consumer information, i.e. person making complaint)

Name:

Company Name:

Address:

Town:

State:

Phone Number:

Email Address:

Signature (required):

Dated:

***We cannot guarantee that complainant information can be kept confidential.
Please be advised that NHDAMF may be required by law to reveal complainant information
in certain circumstances.*

*** All information must be obtained without trespass.**

*** Incomplete complaint forms will result in a delay in investigating the potential problem.**

For NHDAMF Division of Weights and Measures Office Use:

Date Complaint Received:

Investigator:

Comments: