SUTTER COUNTY
DEPARTMENT OF AGRICULTURE
WEIGHTS & MEASURES DIVISION

This form may be completed online and printed before mailing to: Sutter County W&M, 142 Garden Highway, Yuba City, CA 95991.

## **COMPLAINT REPORT**

1-016 (Rev. 2/01	1)								
+1-010 (Nev. 2/01)							DATE SUBMITTED TIME		
WHERE	LOCATION	ON WHERE THE P	ROBLEM/CO	MPLAINT	OCCURRE	)			
ADDRESS	TELEPHONE NO.								
CITY			COUN	ΤΥ					
WHEN	DATE		TIME						
WHAT	DESCRI	DESCRIBE COMPLAINT IN DETAIL:							
WHO ASSISTED YOU			DESCRIBE THE PERSON						
			NAME						
AT 1	HE LOCA	ATION	SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR	EYE
			DISTINGUISHE	D CHARACTI	ERISTICS	<u> </u>			
			PERSON AND DESCRIPTION						
WHO DID YOU COMPLAIN TO			NAME						
	HE LOCA		SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR	EYE
			DISTINGUISHE	D CHARACTI	ERISTICS				
HAVE YOU C	ONTACTED	ANY OTHER AC	SENCY, CO	NSUMER	OR LEGA	AL?	] YES	□ NO	
IF YES,	WHO:								
	ACT THE BU	JSINESS, DO YO	U WANT YO	OUR NAM	1E KEPT C	CONFIDE	NTIAL?		
	LIKE TO BE YES	E INFORMED WI ☐ NO	TH THE RE	SULT OF	OUR INVE	ESTIGATI	ON/ACTIVIT	ΓIES?	
		NAME:							
IF YES, PI		ADDRESS:							
FILL O	UT	CITY					ZIP		
		TELEPHONE NO.		E-MAIL			FAX		