



**COMPLAINANT INFORMATION:**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**COMPLAINT INFORMATION:**

This Complaint Is Against: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

**NATURE AND DATE OF COMPLAINT:**

\_\_\_\_\_

\*You may attach a separate sheet of paper if you need additional space.

**ACTION TAKEN: (FOR OFFICE USE ONLY)**

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Complainant**

**Please mail, email, or fax the completed form to:**

Department of Weights & Measures  
300 S. Main Street, Findlay, OH 45840  
Phone: 419-424-7240 • Fax 419-424-7435  
[ajmiller2@co.hancock.oh.us](mailto:ajmiller2@co.hancock.oh.us)