



# Katie Moline, CPA

## Lucas County Auditor

### Weights and Measures Complaint Form

NAME OF COMPLAINANT \_\_\_\_\_

PHONE NUMBERS (S) \_\_\_\_\_ DATE OF COMPLAINT \_\_\_\_\_

FIRM'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PERSON CONTACTED \_\_\_\_\_ TITLE \_\_\_\_\_

INSPECTOR (S) \_\_\_\_\_ DATE OF INVESTIGATION \_\_\_\_\_

DEVICE/COMMODITY \_\_\_\_\_ LOCATION OF DEVICE \_\_\_\_\_

REASON FOR INVESTIGATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FINDINGS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

COMPLAINANT NOTIFIED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE NOTIFIED \_\_\_\_\_

FURTHER ACTION REQUESTED? YES \_\_\_\_\_ NO \_\_\_\_\_