

SAN BERNARDINO COUNTY AGRICULTURE / WEIGHTS & MEASURES CONSUMER PROTECTION DIVISION

777 E. RIALTO AVENUE, SAN BERNARDINO, CA 92415-0720 TELEPHONE (909) 387-2140 • TOLL FREE (800) 734-9459 • FAX (909) 387-2449 EMAIL: awm@awm.sbcounty.gov

Use this form for complaints about: Price Overcharges (Scanners) or Incorrect Weight or Measure in Packages

YOUR INFORMATION					
NAME(S) OF PERSON SUBMITTING COMPLAINT:		DATE COMPLAINT SUBMITTED:			
MAILING ADDRESS, CITY, STATE AND ZIP:					
CONTACT TELEPHONE (INCLUDE AREA CODE): EMA	IL:				
INFORMATION ABOUT WHERE THE COMPLAINT	/PROB				
NAME OF BUSINESS:		DATE & TIME COMPLAINT/PROBLEM OCCURRED:			
STREET ADDRESS, CITY, STATE AND ZIP:		<u> </u>			
BUSINESS TELEPHONE (INCLUDE AREA CODE): WEE	BSITE (IF	APPLICABLE):			
REASON FOR COMPLAINT					
INCORRECT PRICE CHARGED AT REGISTER COMPLETE 1-3 BELOW		INCORRECT WEIGHT OR MEASURE IN PACKAGE COMPLETE 1-3 BELOW			
1. NAME OF ITEM, BRAND NAME AND SIZE:		1. NAME OF PRODUCT, PAC	KAGE TYPE:		
2. PRICE YOU WERE CHARGED:		2. WEIGHT OR MEASURE AS STATED ON LABEL OR POSTED:			
3. POSTED OR ADVERTISED PRICE:		3. APPARENT WEIGHT OR MEASURE OF PRODUCT RECEIVED:			
Was the business location notified of the complaint? YES	N	O Did the business try to res	solve the complaint? YES	NO	
	D 4	R DEPARTMENT USE ONLY TE RCV'D BY DEPT:	RECEIVED BY:		
Our department is only able to investigat		TIE NOV D'DI DEI 1.	NEGETVED BY:		
complaints that occur within San Bernardin County. If your complaint occurred in another		TE ASSIGNED:	COMPLAINT NO.:		
county, please contact that county's Weights Measures Department.		SIGNED TO:	DATE CLOSED:		
County contact information can be found at:		MPLAINT VERIFIED:	YES NO		
https://www.cdfa.ca.gov/exec/county/countymap/	<mark>D/</mark> DA	DATE OF RESULTS TO COMPLAINANT:			
		IF COMPLAINANT NOT CONTACTED, PROVIDE EXPLANATION ON PG. 2			



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Additional information for complaints about: Price Overcharges (Scanners) or Incorrect Weight or Measure in Packages

FOR DEPARTMENT USE ONLY: INSPECTION NOTES AND SUMMARY OF RESULTS TO COMPLAINANT