



DEPARTMENT OF CONSUMER AFFAIRS

Gasoline Complaint Form

Instructions: Fill form out completely, missing information can delay processing of complaint. Attach copies of original documents that support your complaint, such as, receipts, emails, advertisements, etc. Please write legibly. If you have questions prior to completing form, please contact our office at (216) 443-7035.

Form with fields for Consumer Name(s), Name of Station, Address, City, State, Zip Code, Contact #, Cell #, Station Telephone #, and E-mail (optional).

Please check your age group: [] 17 and under [] 18-59 [] 60-64 [] 65 and older
Enhanced penalties may be available based upon your age

Date of purchase: _____ Amount paid: _____

Posted price (\$/gal): _____ Pump Number: _____ Grade Type: _____ (87, 89 or 93)

How Paid: [] Cash [] Check [] Credit [] Debit [] Prepaid Card

Did you complain to business? _____ If so, result? _____

Please explain your complaint: _____

Under state and county laws, the information provided in this complaint becomes public information when the case is closed and placed in our inactive files. I understand that Consumer Affairs may send a copy of this form and any or all of the enclosed information to the station for a resolution. I affirm that all the information provided in this complaint is true and factual.

SIGNATURE: _____ DATE: _____