



**FUEL QUALITY COMPLAINT FORM**

For Office Use Only: \_\_\_\_\_  
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**SECTION 1: CONSUMER INFORMATION**

PREFIX FIRST NAME MIDDLE INITIAL LAST NAME SUFFIX TODAY'S DATE

ADDRESS

CITY STATE ZIP CODE COUNTY

TELEPHONE ALTERNATE TELEPHONE FAX

E-MAIL ADDRESS VEHICLE YEAR, MAKE AND MODEL

**SECTION 2: ESTABLISHMENT INFORMATION**

STATION NAME CONTACT NAME

ADDRESS TELEPHONE

CITY STATE ZIP CODE COUNTY, IF KNOWN

SD

**SECTION 3: REQUIRED INFORMATION**

PURCHASE DATE APPROXIMATE TIME PRODUCT (I.E. GAS, DIESEL) GRADE (I.E. PREMIUM, REGULAR) POSTED OCTANE PUMP NUMBER DO YOU HAVE RECEIPT?

A.M. YES NO

P.M.

IN DETAIL, DESCRIBE THE ISSUE INCLUDING ANY INSPECTIONS OR REPAIRS THAT HAVE BEEN STARTED/COMPLETED ON YOUR VEHICLE DUE TO THE INCIDENT:

**PLEASE SUBMIT THIS FORM TO US AFTER YOU HAVE BROUGHT THIS ISSUE TO THE ESTABLISHMENT'S ATTENTION.**

WHO DID YOU SPEAK WITH AT THE ESTABLISHMENT? (Name if known or description) CONTACT DATE AND APPROXIMATE TIME

PLEASE PROVIDE A BRIEF OVERVIEW OF THE CONVERSATION

WOULD YOU LIKE US TO CONTACT YOU WITH THE RESULTS OF OUR INVESTIGATION? YES NO

CONTACT THE OFFICE OF WEIGHTS & MEASURES BY CALLING 605.773.3697 IF YOU NEED ASSISTANCE.  
 SUBMIT COMPLETED FORM BY MAIL TO: OFFICE OF WEIGHTS & MEASURES, 118 WEST CAPITOL AVENUE,  
 PIERRE, SD 57501 OR FAX TO: 605.773.6631  
 OR AS AN EMAIL ATTACHMENT TO: [dps.inspectionswminfo@state.sd.us](mailto:dps.inspectionswminfo@state.sd.us)

**Please include photos, receipts, etc. as attachments.**  
**Complaint may not be processed without proper documentation to support it.**