



COMPLAINANT INFORMATION:

Your Name: _____ Date: _____

Address: _____

Telephone: Home: _____ Work: _____

COMPLAINT INFORMATION:

This Complaint Is Against: _____

Address: _____

Telephone: Home: _____ Work: _____

NATURE AND DATE OF COMPLAINT:

ACTION YOU EXPECT THE OHIO DEPARTMENT OF AGRICULTURE TO TAKE:

Signature of Complainant

Please mail the completed and signed complaint form to:

Ohio Department of Agriculture
Division of Weights & Measures
8995 East Main Street
Reynoldsburg, OH 43068-3399

* You may attach a separate sheet for any additional comments you wish to make.

