



**Mercer County Weights & Measures
Complaint Form**

Complainant Contact Information **(optional)**

Name: _____

Street Address: _____

City-State, Zip: _____

Email: _____

May we contact you by phone? Yes No

Home Phone: _____

Work Phone: _____

Date of Incident: _____

Time of Incident: _____

Business Name: _____

Street Address: _____

City-State, Zip: _____

Nature of Complaint: _____

Please provide a brief explanation of the complaint: