



**Mississippi Department of Agriculture and Commerce**  
**Petroleum Products Inspection Division**  
**P O Box 1609 Jackson, Mississippi 39215-1609**  
**Office 601-359-1101 Fax 601-359-1175**  
[pp@mdac.ms.gov](mailto:pp@mdac.ms.gov)

**ONLINE COMPLAINT FORM**

Date of Complaint: \_\_\_\_\_

Name:			
Address:			
City:	State:	Zip:	County:
Telephone Number:	Fax Number:	Email Address:	
<b>NATURE OF COMPLAINT AND DETAILS</b>			
Station Name:			Date of Incident:
Station Address:			
Station City:	State: MS	Zip:	County:
Product Grade (Regular, Plus, Premium, Diesel, Kerosene, etc)			Pump Number(s):
Complaint Details:			
<b>*****ACTION TAKEN – TO BE COMPLETED BY OFFICE*****</b>			
Date Received:	Inspector Assigned:	Date Assigned:	Date Action Taken:
Inspector Instructions:			
Calibration Test: Y / N	Water Test: Y / N	Signage Issue: Y / N	Equipment Issue: Y / N
Pump Jumped: Y / N	Other: Y / N	Results of Complaint:	
Date Complainant Contacted:	Date Results Mailed:		