



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

COMPLAINT FORM

Date/Time of Complaint: _____

Name:			
Address:			
City:	State:	Zip:	County:
Telephone Number:	Fax Number:	Email Address:	
NATURE OF COMPLAINT AND DETAILS			
Business ID/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:			
***** ACTION TAKEN – TO BE COMPLETED BY OFFICE *****			
Date Received:	Inspector Assigned/By Office:	Date Assigned/Time:	Date Action Taken/Time:
Inspector Instructions:			
Calibration Test:	Water Test:	Signage Issue:	Equipment Issue:
Pump Jumped:	Other:	Results of Complaint:	
Date/Time Complainant Contacted:	Date Results Mailed:		