



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Department of Business Regulation  
DIVISION OF COMMERCIAL LICENSING AND  
RACING AND ATHLETICS**

**John O. Pastore Center  
1511 Pontiac Avenue Bldg. 69-1  
Cranston, RI 02920**

**Tele: (401) 462-9506  
TDD: 711**

**Fax: (401) 462-9645  
www.dbr.state.ri.us**

**RETAIL SALE OF GASOLINE COMPLAINT FORM**

INSTRUCTIONS: Please complete this form and return to the above address if you have reason to believe that a Gasoline Station has violated the law or failed to meet his/her responsibilities and obligation to the public. Please print or type. This form will NOT be accepted unless signed by complainant.

Complainant's Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Mailing Address (If different from Residence): \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Nighttime Telephone Number: \_\_\_\_\_

Name and Address of Gas Station the complaint is being made: \_\_\_\_\_

Name of Individual the complaint is being made: \_\_\_\_\_

Date and Time and Place of Alleged Violation: \_\_\_\_\_

Other Federal, State Municipal, Local Agencies, or Legal Counsel you have contacted, including results of contacts: \_\_\_\_\_

On the reverse side of this form, or on an attached piece of paper, explain as fully as possible the exact nature of your complaint against the licensee or regulated activity. Be sure to include specific information such as dates and purchase services, name, address, telephone of offending licensee, account numbers, etc. Also, attach any documentation which you feel will help support your allegations including sales slips, warranty contracts, purchase and sales agreement, cancelled checks, travel vouchers, insurance policies, etc.

The undersigned swears to or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached.

X \_\_\_\_\_ Date: \_\_\_\_\_

Signed