



FUEL PRICE COMPLAINT
STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
165 Capitol Avenue Hartford CT 06106
E-Mail: food.standards@ct.gov

PRESS THE SUBMIT BUTTON

Complete all sections of this form.
Type or use the drop down boxes to complete each field.
When you complete the form, press the Submit button on the right
hand corner of the form to file your complaint electronically.

Your First Name	Last Name	Date		Daytime Phone (Area Code)
Street Address	City	State	Zip Code	Cell Phone (Area Code)
Station or Business Name		Your E-mail Address		
Business Street Address	City	State	Zip Code	Type of Fuel
Did you Purchase the Fuel?	Date and Time of Alleged Abnormal Price			Alleged Abnormal Price for Fuel
If the Fuel was Purchased, Fuel was Paid by	Date and Time of Previous Price at Business			Previous Price for Fuel

NOTE: Please provide a short, detailed statement regarding the facts of your complaint below.

Complaint Summary