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138 E Court St. - Room 401 - Cincinnati, OH 45202

Date Received	MOTOR VEHICLE FUEL QUALITY COMPLAINT	ID NO.
Firm's Name	Address	ZIP
Date Occurred	Time Occurred	Area
Grade Reg. <input type="checkbox"/> Mid. <input type="checkbox"/> Prem. <input type="checkbox"/> Diesel <input type="checkbox"/>		

Vehicle Information:	Make:	Model:	Year:
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Engine Type: Gasoline:	<input type="checkbox"/>	Diesel	<input type="checkbox"/>	Fuel Injection	Yes	No
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Did Your Vehicle Require Any Repairs? Yes No

If Yes, What Kind of Repairs?

How Much Did the Repairs Cost? _____

Did the Company Reimburse You For the Repairs? Yes No

Was the Company / Station Notified? Yes No

Optional Information: Name _____

Address _____

Telephone _____