

**OFFICE OF THE ATTORNEY GENERAL  
CONSUMER PROTECTION DIVISION  
Landlord/Tenant Complaint Form**

\* Denotes Required Fields

**TENANT INFORMATION**

**Please complete the following information about the tenant involved in this dispute.**

\*Last Name: \_\_\_\_\_

\*First Name: \_\_\_\_\_

\*Prefix (e.g. Mr., Mrs., Ms., Miss): \_\_\_\_\_

\*Street Address: \_\_\_\_\_

Street Address 2 (if necessary): \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_

\*Best Telephone Number to Use During the Day: \_\_\_\_\_

Alternate Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please enter only the primary email address at which you would like us to contact you. Please type your address carefully with no extra spaces or characters. An incorrect email address may delay action on your complaint.

If someone other than the tenant should be contacted about this complaint, please provide the name and telephone number of the contact person.

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

**BUSINESS INFORMATION**

**Please complete the following information about the business against which you are filing this complaint.**

\*Name of landlord or management company (on lease): \_\_\_\_\_

\*Address (Please note: in order to assist you, it is important for us to have the full address of the landlord or management company. If you are not able to provide the landlord's or management company's address please write "unknown"): \_\_\_\_\_

Address 2 (if necessary): \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Primary Telephone Number (Please note: in order to assist you, it is important for us to have the telephone number of the landlord or management company. If you are not able to provide the landlord's or management company's telephone number, please write "unknown"):

\_\_\_\_\_

Alternate Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Name of Management Company (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Address 2 (if necessary): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Alternate Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

### **Information About the Transaction Involved in this Dispute**

How did you hear about the rental property?

Did you pay an application fee?  No  Yes

What was the amount of the application fee? \$ \_\_\_\_\_

Do you have a copy of the application?  No  Yes

Did you sign a lease?  No  Yes

If yes, on what date did the lease go into effect? \_\_\_\_\_

What date did you move into the rental property? \_\_\_\_\_

Did you pay a security deposit?  No  Yes

If yes, what was the amount of the security deposit? \$ \_\_\_\_\_

Have you paid other fees?  No  Yes  
If yes, please describe the other fees paid: \$ \_\_\_\_\_

Have you ever received an eviction notice?  No  Yes

If you or your landlord or management company have terminated the lease, on what date was the lease terminated? \_\_\_\_\_

\*Briefly describe your dispute:

\*What would you like the landlord or management company to do to resolve your complaint?

If "Refund," please state the amount desired: \$ \_\_\_\_\_

If "Other," please describe:

\*Do you have a copy of your lease or any other documents that support your complaint? (e.g. rental application, correspondence from landlord or management company, eviction notice, etc.)

No  Yes

Please list the types of documents you have that support your complaint here and **send us a copy (no originals, please) of those documents, following the instructions at the end of this form.**

**Steps You've Taken to Resolve Your Complaint:**

Have you contacted the landlord or management company about your complaint?  No  Yes

Most recent date on which you contacted the landlord or management company about your complaint: \_\_\_\_\_

Name of the person to whom you complained: \_\_\_\_\_

Have you filed a complaint with any other government agency?  No  Yes

If yes, which agency? \_\_\_\_\_

Has a lawsuit been filed in this matter?  No  Yes

Please note that while you may file a complaint for informational purposes with this office in addition to filing a lawsuit, we cannot represent you or provide legal advice on your lawsuit.

If yes, who initiated the lawsuit? \_\_\_\_\_

If yes, do you have a private attorney representing you in your lawsuit?  No  Yes

**Please note, this office cannot represent you or provide legal advice. If you have an attorney, you should continue to follow their guidance. If you do not have an attorney, you may wish to consult one for advice on pursuing this matter.**

### Instructions for Completing your Complaint:

1. Make a copy of this form for your records.
2. Submit a copy of this form, along with any supporting documents, using one of these methods:
  - By mail to one of the addresses listed at the end of the form;
  - By fax to 410-576-7040;
  - Or by email to [mediator@oag.maryland.gov](mailto:mediator@oag.maryland.gov)

**Note: Please remember that it is important for us to have copies of all relevant documents to properly handle your complaint. If you have any documents that support this complaint (such as the lease, rental application, correspondence, eviction notice, etc.), please send us a copy of those documents.**

If you have any questions about this complaint form, you may contact our office at 410-528-8662, Monday through Friday from 10:00 a.m. to 2:00 p.m. or send an email to: [consumer@oag.maryland.gov](mailto:consumer@oag.maryland.gov). You will receive a response during regular business hours.

**READ THE FOLLOWING BEFORE SIGNING BELOW:** In filing this complaint, I understand the Attorney General is not my private attorney, but rather enforces laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against. The above complaint is true and correct to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

### PLEASE MAIL YOUR COMPLAINT TO THE OFFICE LISTED BELOW THAT IS NEAREST YOU.

#### **Baltimore Office**

Consumer Protection Division  
200 Saint Paul Place  
Baltimore, Maryland 21202  
(410) 528-8662

#### **Eastern Shore Office**

Consumer Protection Division  
201 Baptist St., Suite 30  
Salisbury, Maryland 21801  
(410) 713-3620

#### **Western Maryland Office**

Consumer Protection Division  
44 N. Potomac St., Suite 104  
Hagerstown, Maryland 21740  
(301) 791-4780

#### **Prince George's Office**

Consumer Protection Division  
9200 Basil Court, Suite 301  
Largo, MD 20774  
(301) 386-6200