

**OFFICE OF THE ATTORNEY GENERAL  
CONSUMER PROTECTION DIVISION  
MEDIATION UNIT - COMPLAINT FORM**

LAST NAME	FIRST NAME	NAME OF BUSINESS YOU ARE COMPLAINING ABOUT	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
DAYTIME PHONE #	EVENING PHONE #	PHONE #	
E-MAIL ADDRESS	FAX #	E-MAIL / WEB ADDRESS	FAX #

**HOW DID YOU FIRST LEARN ABOUT THE PRODUCT, SERVICE OR REAL PROPERTY INVOLVED IN THE DISPUTE?**

- Print Advertisement.
- Radio Advertisement.
- Television Advertisement
- Internet Advertisement
- E-Mail Solicitation
- Mail Solicitation (including catalogues).
- Telephone solicitation
- Fax solicitation.
- Personal Solicitation At Home.
- Display at Merchant's Place of Business
- Display at Trade Show, Convention, etc.
- Other \_\_\_\_\_

**WHERE DID THE SALE/LEASE OCCUR?**

- At my home.
- At the firm's place of business.
- Away from the firm's place of business  
(e.g. convention, your workplace, etc.)
- By mail.
- Over the telephone
- By Fax
- Over the Internet
- There was no transaction.

**DATE OF TRANSACTION:** \_\_\_\_\_

**TYPE OF GOODS, SERVICE OR PROPERTY INVOLVED**

\_\_\_\_\_

**ARE THE GOODS/SERVICES UNDER WARRANTY?**  Yes  No

**PLEASE INCLUDE COPIES (NOT ORIGINALS) OF ANY DOCUMENTS (SUCH AS CONTRACTS, LEASES, BILLS, RECEIPTS, ADVERTISEMENTS, CANCELED CHECKS AND LETTERS) THAT RELATE TO YOUR DISPUTE.**

What is the name of the person with whom you dealt? \_\_\_\_\_

Have you contacted the business about your complaint?  Yes  No      Date of contact \_\_\_\_\_

What is the name of the person to whom you complained \_\_\_\_\_

**PLEASE DESCRIBE THE EVENTS LEADING UP TO YOUR DISPUTE, IN THE ORDER IN WHICH THEY HAPPENED:**

What action would you like this office to take? \_\_\_\_\_

Check here if you want our office to be aware of your complaint for informational purposes only.

Please include **copies** of any documents (including: contracts, leases, bills, receipts, advertisements, canceled checks and letters) that relate to your dispute. **(Do not send originals.)**

**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, unless I have checked the box above indicating this is for informational purposes only. 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 Street, Suite 30  
Salisbury, Maryland 21801  
(410) 713-3620

**Western Maryland Office**

Consumer Protection Division  
44 N. Potomac Street, 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