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?		WHERE DID THE SALE/LEASE OCCUR? ☐ At my home. ☐ At the firm's place of business.	
□ Radio Advertisement.		☐ Away from the firm's place of business	
☐ Television Advertisement		(e.g. convention, your workplace, etc.)	
☐ Internet Advertisement		☐ By mail.	
☐ E-Mail Solicitation		☐ Over the telephone	
☐ Mail Solicitation (including catalogues).		☐ By Fax	
☐ Telephone solicitation		☐ Over the Internet	
☐ Fax solicitation.		☐ There was no transaction.	
☐ Personal Solicitation At Home.		DATE OF TRANSACTION.	
☐ Display at Merchant's Place of	of Business	DATE OF TRANSACTION:	
☐ Display at Trade Show, Conv	ention, etc.	TYPE OF GOODS, SERVICE OR PROPERTY INVOLVED	
☐ Other			
		ARE THE GOODS/SERVICE	ES UNDER WARRANTY? Yes No
	COPIES (<u>NOT ORIGINALS</u>) OF ANY RTISEMENTS, CANCELED CHECKS		
What is the name of the person	on with whom you dealt?		
Have you contacted the busin	ness about your complaint?	No Date of contact	
What is the name of the person	on to whom you complained		

Your Signature PLEASE MAIL YOUR COMPLAINT TO THE OFFI	Date ICE LISTED BELOW THAT IS NEAREST YOU.	
READ THE FOLLOWING BEFORE SIGNING BELOW: In filing this complaint, I understand the Attorney General is not my private from misleading or unlawful business practices. I also understand that if I should contact a private attorney. I have no objection to the contents of the complaint is directed against, unless I have checked the box above indicate true and correct to the best of my knowledge.	I have questions concerning my legal rights or responsibility this complaint being forwarded to the business or the person	ties, I the
Please include copies of any documents (including: contracts, leases, bills your dispute. (Do not send originals.)	ls, receipts, advertisements, canceled checks and letters) tha	t relate t
☐ Check here if you want our office to be aware of your complaint for inf	nformational purposes only.	
what action would you like this office to take:		
What action would you like this office to take?		
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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 Div

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