

**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: \$ _____

Do you receive any governmental assistance for the payment of your rent? No Yes

If yes, from what agency or organization? _____

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.state.md.us

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 9:00 a.m. to 3:00 p.m. or send an email to: consumer@oag.state.md.us. 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