Howard County MARYLAND

Department Of Citizen Services

OFFICE OF CONSUMER AFFAIRS

COMPLAINT FORM

COMPLAINT NUMBER_____ **DATE** _____

CONSUMER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

MERCHANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

DATE OF CONTRACT OR SERVICE: _____ **DATE COMPLAINT WAS MADE TO BUSINESS:** _____

COMPLAINT: _____

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_____

USE EXTRA PAPER IF NECESSARY - ATTACH COPIES OF RECEIPTS, LETTERS, ETC.

WHAT RESOLUTION ARE YOU SEEKING? _____

UNDER STATE AND COUNTY LAWS, THE INFORMATION PROVIDED IN THIS COMPLAINT BECOMES PUBLIC INFORMATION WHEN THE CASE IS CLOSED AND PLACED IN OUR INACTIVE FILES.

_____ _____

SIGNATURE **DATE**

6751 Columbia Gateway Drive * Columbia, MD 21046 * (410) 313-6420 (Voice) * TTY (410) 313-6401 * FAX (410) 313-6453