



Howard County Office of
Consumer Protection
OFFICE OF CONSUMER PROTECTION
COMPLAINT FORM

COMPLAINT NUMBER: _____ DATE: _____

CONSUMER INFORMATION

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Alternate Phone: _____

E-mail Address: _____

How did you hear about?:

MERCHANT INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Website: _____

On the back of this form, please describe your dispute. Attach copies (not originals) of documents that are important to understanding the dispute. Send your completed form to:

Office of Consumer Protection
6751 Columbia Gateway Drive, Columbia, MD 21046
Phone: 410-313-6420 • Fax: 410-313-6452 • E-mail: consumer@howardcountymd.gov

DESCRIPTION OF DISPUTE (Please describe your dispute, including important dates and the names of persons involved. Attach extra paper if necessary.):

WHAT RESOLUTION ARE YOU SEEKING?:

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

SIGNATURE: _____ DATE: _____

To obtain this form in an alternative format, please contact the Office of Consumer Protection at 410-313-6420 (voice/relay) or email us at consumer@howardcountymd.gov