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 Us? _____

_____

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: 410-313-6453
E-mail: consumer@howardcountymd.gov

-OVER-

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

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WHAT RESOLUTION ARE YOU SEEKING? _____

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