| CONSUMER COMPLAINT FORM | Montgomery County<br>Office of Consumer Protection<br>100 Maryland Avenue, Room 330, Rockville, Maryland 20850<br>(240) 777-3636<br>www.montgomerycountymd.gov/consumer | ONLINE |
|---|---|---|

## Instructions For Using This Form

1. Before using this form, complain directly to the company. If unsuccessful, then use this form.
2. Please type or print clearly and complete the entire form. **Illegible or incomplete forms may be returned to you.**
3. Attach photocopies of any papers involved in the transaction (including advertisements, contracts, receipts, statements, the front and back of canceled checks, correspondence, warranties, et cetera). **Failure to provide paperwork may delay investigation of your complaint.**
4. DO NOT SEND ORIGINAL DOCUMENTS. We will not be responsible for originals.

## CONSUMER INFORMATION

| | |
|---|---|
| Your Name | Home Phone |
| Street Address | Work Phone |
| City State Zip | Cell Phone |
| E-mail | Fax Number |

## COMPLAINT INFORMATION

| | |
|---|---|
| Business Name | Phone #1 |
| Street Address | Phone #2 |
| Post Office Box | Fax Number |
| City State Zip | |
| Website | E-mail |
| Other Contact Information | |

Type of Transaction: *(e.g. Auto Repair, Home Repair, Retailing, Telephone, et cetera):*

| | | |
|---|---|---|
| Date of Transaction: | Amount Paid: | Method of payment: |
| Did you sign a contract? ___yes ___no **If yes, make sure to include a copy.** | Where? | Date Signed: |
| Date Complained to Business: | Person Complained to: | Their Title: |
| Did they respond? ____yes ____no | If yes, date and nature of response (if response was in writing, include a copy): | |
| Court Action Pending? ____yes ____no | What Court? | Court Date? |

| | |
|---|---|
| Have you submitted this matter to an attorney or another agency? ___yes ___no | If yes, give the name, address and phone number for the attorney or agency: |

**Turn Form Over To Describe Your Complaint and Provide Additional Information**

**Describe Your Complaint. Use Additional Paper if Necessary.**

**What Form of Relief Are You Seeking? (e.g. exchange, repair, money back, et cetera)**

**READ AND UNDERSTAND THE FOLLOWING BEFORE SIGNING BELOW**

Once we receive your complaint, it will be reviewed for jurisdiction and to determine the best course of action. If we determine that there is a more suitable agency to handle your dispute, we will make an appropriate referral and advise you in writing. Otherwise, your complaint will be assigned to an investigator. We will send you an acknowledgment letter providing the name and phone number of your investigator, and the case number assigned to the complaint. Please include your case number on any future correspondence you send to us.

I authorize the Office of Consumer Protection and/or its representative to make inquiries on my behalf, into any and all files or accounts that may be necessary to investigate the complaint I have filed with the agency. Further, I authorize the Office of Consumer Protection to use and supply, on my behalf, any private information included in this complaint.

I understand that a copy of this form may be sent to the business against which I have filed this complaint. I understand that this complaint is a public document and is available for inspection by the public and the media.

I do solemnly declare and affirm under the penalties of perjury that the contents of my complaint are true and correct.

| **Signature:** | **Date:** |
|---|---|

**HAVE YOU ATTACHED PHOTOCOPIES OF DOCUMENTS? DO NOT SEND ORIGINALS.**
Return completed form and document copies to the address shown on the front of this form.

Thank you for contacting the Office of Consumer Protection. We look forward to serving you.