



Montgomery County  
**Office of Consumer Protection**  
 100 Maryland Avenue, Suite 330  
 Rockville, Maryland 20850  
 www.montgomerycountymd.gov/consumer  
 T: 240.777.3636 F: 240.777.3768



Internet

**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).
4. Failure to provide paperwork may delay investigation of your complaint.
5. **DO NOT SEND ORIGINAL DOCUMENTS.** We will not be responsible for originals.

<b>CONSUMER INFORMATION</b>		
Your Name	Daytime Telephone:	
Address	Evening Telephone:	
City State Zip Code	Cellular Telephone:	
E-mail:	Facsimile:	
How did you learn about us?		
<b>MERCHANT INFORMATION</b>		
Individual/Business Name	Business Telephone:	
Address	Alternate Telephone:	
Post Office Box	Facsimile:	
City State Zip Code	E-mail:	
Other Contact Information:	Website:	
Transaction Type: <i>(Select from list.)</i>		
Transaction date:	Amount paid:	Payment method:
Did you sign a contract? <b>If yes, please include a copy.</b>	Where was contract signed?	Date contract signed:
Date complained to business:	Person contacted:	Their title:
Did they respond?	If yes, date and nature of response (if response was in writing, include a copy):	
Court action pending?	What court?	Court date?
Have you submitted this matter to an attorney or other agency?	If yes, give the name, address and phone number of the attorney or agency:	

**Describe Your Complaint and Provide Additional Information on Reverse**

**DESCRIBE YOUR COMPLAINT. USE AN ATTACHMENT IF NECESSARY.**

**WHAT FORM OF RELIEF ARE YOU SEEKING? (Ex. Exchange, Repair, Money Back, etc.)**

**REFUND AMOUNT REQUESTED/  
VALUE OF CLAIM: \_\_\_\_\_**

**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 to: Office of Consumer Protection  
New Complaint Unit  
100 Maryland Avenue, Suite 330  
Rockville, MD 20850