



Howard County Office of
Consumer Protection
Department of Community Resources and Services

**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:

**Howard County Office of Consumer Protection
9830 Patuxent Woods 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. _____

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 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.