

CONSUMER COMPLAINT INSTRUCTION SHEET

The Consumer Protection Division (“CPD”) attempts to resolve consumer disputes using the mediation and arbitration services described below. Each year this office receives over 10,000 complaints and resolves over 60% of the complaints mediated to the satisfaction of the parties. However, you may wish to consult with a private attorney regarding possible court action should our efforts prove unsuccessful. Please note that we are not authorized to provide legal advice or to serve as private attorneys on individual cases.

Please read and complete the attached complaint form carefully. Remember to include your daytime and evening phone numbers, and copies of all relevant documents, such as contracts, receipts, bill of sale and invoices. Please mail your completed form to the CPD office nearest you. All CPD offices are listed at the end of the complaint form.

When we receive your completed form, we will first review it to make sure that your complaint falls within our jurisdiction. Generally, the Consumer Protection Division can mediate complaints about goods or services purchased for personal, household, family or agricultural uses. If your complaint is under the jurisdiction of another state or federal agency, we will forward it to that agency for you and advise you of the referral.

If your complaint is one we can mediate, we usually begin by contacting the business involved to obtain more information and request a response to your complaint. Once we know the business’ position, we will attempt to resolve the dispute by discussing possible resolution options with both you and the business.

If your dispute cannot be resolved in this manner, we will offer you and the business an opportunity to submit the dispute to binding arbitration. Arbitration is voluntary for both you and the business. If you both agree to it, an arbitrator will listen to both sides and make a decision that is fair and reasonable. If you agree to arbitration, you will be bound by the decision.

As previously stated, this office is unable to take legal action on behalf of individual consumers. Consumer complaints, however, are available for public review upon request so other consumers may be able to avoid similar experiences in the future. In addition, the information provided in consumer complaints may be used by this office in enforcement actions taken on behalf of all Maryland consumers to address widespread violations of Maryland law.

If you have any questions about filing your complaint or the services offered by this office, please contact the CPD office nearest you.

WEB FORM

AUTO REPAIR COMPLAINT FORM

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OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

LAST NAME		FIRST NAME		NAME OF BUSINESS			
STREET ADDRESS				STREET ADDRESS			
CITY	COUNTY	STATE	ZIP	CITY	COUNTY	STATE	ZIP
DAYTIME PHONE #		EVENING PHONE #		PHONE #			

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS BLOCK							
DATE RECEIVED	CASE #	CON LOC	PL /TRN	BUSINESS CODE	MULT ADD		
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BUS LOC	INV	INDUSTRY		STATUS	FRANCHISE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>		
PRACTICE CODES							
E	A	0	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE CLOSED		RELIEF	DISP	REFUND/SAVINGS			
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT				OWNER			
COMMENTS:							

Please return this sheet with a copy (no originals, please) of any and all paperwork related to this transaction.

Vehicle: _____
 Year Make Model VIN (Vehicle Identification Number)

Purchase Date: _____ Vehicle was (check one): NEW USED

Mileage: _____
 At time of repair Now

How did you learn about the business: PRINT AD, RADIO AD, TV AD, MAIL SOLICITATION, OTHER:

Person(s) you dealt with: _____

Date of repair(s): _____

Reason for initial repair(s): _____

Did you ask for a written estimate? YES NO Was a written estimate given? YES NO If yes, attach a copy.

If you were charged a fee for the estimate, was the fee disclosed before the estimate was given? YES NO

Estimated cost of repair: \$ _____

Did you authorize all the work performed by the repair facility? YES NO

Amount you paid: \$ _____ By: CASH CHECK CREDIT

Was the work guaranteed? (Describe) _____

Did the repair facility offer to return your replaced parts? YES NO

Did the repair facility return all replaced parts to you? YES NO Do you still have them? YES NO

Did the repair facility give you any other forms or documents? YES NO If yes, please attach a copy.

Describe your car's present condition: _____

Where is your vehicle now? HOME REPAIR SHOP OTHER _____

PLEASE EXPLAIN THE CIRCUMSTANCES OF YOUR COMPLAINT (attach additional pages if necessary)

What action would you like this office to take? _____

_____ Check here if you want our office to be aware of your complaint for informational purposes only.

Please attach a copy (no originals, please) of any documents (such as invoices, work orders, letters, etc.) that relate to your complaint and sign below.

Signature

Date

PLEASE MAIL YOUR COMPLAINT TO THE OFFICE LISTED BELOW THAT IS NEAREST YOU.

Baltimore Office
Consumer Protection Division
200 Saint Paul Place, 16th floor
Baltimore, Maryland 21202
(410) 528-8662

Eastern Shore Office
Consumer Protection Division
201 Baptist Street, Suite 30
Salisbury, Maryland 21801
(410) 713-3620

Western Maryland Office
Consumer Protection Division
44 North Potomac Street, Suite 104
Hagerstown, Maryland 21740
(301) 791-4780