

## CONSUMER COMPLAINT INSTRUCTION SHEET

Please read the following complaint form carefully before completing. To assist us in handling your complaint more efficiently, 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 Consumer Protection Division (“CPD”) office nearest you. All CPD offices are listed at the end of the complaint form.

When we receive the completed form, we will first review it to make sure your complaint falls within our enforcement authority. Generally, the Consumer Protection Division can handle 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.

If your complaint is one we can handle, the first step we will take is **MEDIATION**. Usually we begin by contacting the business involved to obtain more information. Once we have all the facts and know the business’ position, we will assist you and the business to find a solution that is fair and satisfactory to you both.

If mediation is unsuccessful, we will offer both 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. Arbitration is free, and the meeting can be held at a time and place that is convenient to both you and the business.

Please note that we are not authorized to serve as private attorneys on individual cases. If we are unable to resolve your problem through mediation or arbitration, you may wish to consider consulting a private or Legal Aid attorney, or filing a private law suit in Small Claims Court or District Court.

We hope that we can help resolve your complaint to your satisfaction. If we cannot, we will inform you of alternatives. In any case, your complaint will be on file in our office and will be available for public review upon request. As a result you may help other consumers avoid a similar experience.

OFFICE OF THE ATTORNEY GENERAL  
**CONSUMER PROTECTION DIVISION**  
**MEDIATION UNIT - COMPLAINT FORM**

WEB

LAST NAME	FIRST NAME	NAME OF BUSINESS	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
DAYTIME PHONE #	EVENING PHONE #	PHONE #	
E-MAIL ADDRESS	FAX #	E-MAIL / WEB ADDRESS	FAX #

**HOW DID YOU FIRST LEARN ABOUT THE PRODUCT, SERVICE OR REAL PROPERTY INVOLVED IN THE DISPUTE?**

- Print Advertisement.
- Radio Advertisement.
- Television Advertisement
- Internet Advertisement
- E-Mail Solicitation
- Mail Solicitation (including catalogues).
- Telephone solicitation
- Fax solicitation.
- Personal Solicitation At Home.
- Display at Merchant's Place of Business
- Display at Trade Show, Convention, etc.
- Other \_\_\_\_\_

**WHERE DID THE SALE/LEASE OCCUR?**

- At my home.
- At the firm's place of business.
- Away from the firm's place of business (e.g. convention, your workplace, etc.)
- By mail.
- Over the telephone
- By Fax
- Over the Internet
- There was no transaction.

**DATE OF TRANSACTION:** \_\_\_\_\_

**TYPE OF GOODS, SERVICE OR PROPERTY INVOLVED**

\_\_\_\_\_

**ARE THE GOODS/SERVICES UNDER WARRANTY?** Yes No

**PLEASE INCLUDE COPIES (NOT ORIGINALS) OF ANY DOCUMENTS (SUCH AS CONTRACTS, LEASES, BILLS, RECEIPTS, ADVERTISEMENTS, CANCELED CHECKS AND LETTERS) THAT RELATE TO YOUR DISPUTE.**

What is the name of the person with whom you dealt? \_\_\_\_\_

Have you contacted the business about your complaint? Yes No Date of contact \_\_\_\_\_

What is the name of the person to whom you complained \_\_\_\_\_

**PLEASE DESCRIBE THE EVENTS LEADING UP TO YOUR DISPUTE, IN THE ORDER IN WHICH THEY HAPPENED:**

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 include **copies** of any documents (including: contracts, leases, bills, receipts, advertisements, canceled checks and letters) that relate to your dispute. (**Do not send originals.**)

\_\_\_\_\_  
Your 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