



MARYLAND BOARD OF WELL DRILLERS

1800 Washington Blvd, Baltimore, MD 21230
410-537-4466 • 1-800-633-6101 x 4466 • TTY Users: 1-800-735-2258
Fax: 410-537-3168 • Email: amanda.redmiles@maryland.gov

COMPLAINT FORM

Please be advised that by filing this complaint, it may be necessary for you to appear at a formal hearing before the Board of Well Drillers or in criminal court.

I. CONTACT INFORMATION:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

II. INFORMATION ON INDIVIDUAL AND/OR COMPANY AGAINST WHOM YOU HAVE A COMPLAINT:

Name of Individual: _____

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

III. CONTRACT INFORMATION:

Did you enter into a contract? Circle One: Yes or No

If Yes, was the contract : Circle One: Written or Verbal

Name of Individual and/or Company the contract was with: _____

Date of Contract _____

(Month/Day/Year)

Did you pay for the services? Circle One: Yes or No

If "YES" give the amount \$ _____

IV. WORK INFORMATION:

Name of individual who did the work or performed the service: _____

Date the work started : _____

(Month/Day/Year)

Last day any work was completed : _____

(Month/Day/Year)

Is there an arbitration clause in the contract? Circle One: Yes or No

V. NATURE OF COMPLAINT:

Provide a detailed, concise explanation of your complaint. Attach available supporting documents including copies of contracts, cancelled checks or other correspondence. Continue on a separate sheet if necessary.

VI. RESOLUTION:

Provide an explanation on how you would like this matter resolved.

I certify under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief.

Signature

Date of Complaint