

Business Complaint Form

Form can be used by prime contractors, sub-contractors and sub-consultants.

The purpose of this form is to provide a vendor contracted on an M-DCPS job a means to file a complaint. **Complete this form prior to interview.** If space provided is insufficient, attach additional information.

Was the alleged action(s) taken against you as a:

☐ Contractor ☐ Subcontractor ☐ Consultant

What is the date of the alleged action(s)? _____

First Name	Middle Name	Last Name	
Address	City	State	Zip Code
Company			Date
Daytime Telephone	Fax	Email	

What was the alleged action(s) taken against your company? (Be specific and provide the project title, project number and other relevant information.) Please attach supporting documentation.

[illegible]

First Name		Last Name		Title	
Address		City		State	Zip Code
Daytime Telephone	Fax			Email	

If yes, provide the name and address of the company _____

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Date