

OAH CONCERN / COMPLAINT FORM

Name: _____

Address: _____

E-mail address (if available): _____

OAH Case No: _____

Please briefly describe the nature of your Concern/Complaint:

THIS FORM, WHEN COMPLETED, MAY BE E-MAILED DIRECTLY TO THE QUALITY ASSURANCE DIVISION DLQualityAssurance_OAH@maryland.gov, OR IT MAY BE PRINTED AND MAILED TO:

**Director, Quality Assurance
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, Maryland 21031**