# MARYLAND HORSE INDUSTRY BOARD
## STABLE COMPLAINT FORM

### 1. YOUR INFORMATION:

Name:__________________________________________  Are You Over 18 Years Old: YES____ NO____

Area code and telephone:__________________________  Fax Number __________________________

Address: _____________________________________________________________________________

City: ______________________________  State: __________  Zip Code: _________________________

Email: _______________________________________________________________________________

### 1. COMPLAINT AGAINST:

Facility Name:___________________________________  Operator’s Name: ______________________

Facility Address: _______________________________________________________________________

City: ______________________________  State: __________  Zip Code: _________________________

License Number: __________________________  License Expiration Date: _______________________

### 1. HAVE YOU CONTACTED THE FACILITY IN YOUR COMPLAINT:

Yes:  __________  No: _________  
If Yes, what was the result?
_____________________________________________________________________________________
_____________________________________________________________________________________

### 4. HAVE YOU CONTACTED ANY OTHER AGENCY REGARDING THIS MATTER:

Yes:  __________  No: _________  
If Yes, list the agency and the person contacted.

Agency: ___________________________________  Contact: _________________________________

Agency: ___________________________________  Contact: _________________________________
5. IF THIS MATTER GOES TO A HEARING, WOULD YOU BE WILLING TO TESTIFY?:
Yes: _________ No: _________

6. PROVIDE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF WITNESSES:

Name: ________________________________ Telephone: ________________________________
Address: ________________________________
City: __________________ State: _______ Zip Code: __________________

Name: ________________________________ Telephone: ________________________________
Address: ________________________________
City: __________________ State: _______ Zip Code: __________________

7. STATE THE NATURE OF YOUR COMPLAINT BELOW. INCLUDE ANY PERTINENT DATES. IF YOU HAVE ANY BILLS, RECORDS, OR ANY OTHER DOCUMENTATION, PLEASE ATTACH THESE ITEMS TO YOUR COMPLAINT. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.
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* NOTE: YOUR COMPLAINT, IS PART OF THE BOARD’S RECORD, AND SUBJECT TO THE MARYLAND PUBLIC INFORMATION ACT, AND MAY BE INSPECTED BY THE PUBLIC. A COPY OF THE COMPLAINT WILL BE FURNISHED TO THE FACILITY OPERATOR WHO IS THE SUBJECT OF THE COMPLAINT, AND THAT INDIVIDUAL IS ASKED TO RESPOND TO IT. COMPLAINTS WILL NOT BE ACCEPTED BY EMAIL.

MAIL YOUR COMPLAINT TO:
Maryland Horse Industry Board
Maryland Department of Agriculture
50 Harry S. Truman Parkway, Room 203
Annapolis, MD 21401
Telephone: 410-841-5798
Website: www.marylandhorseindustry.org