

**COMMUNITY MEDIATION BOARD COMPLAINT FORM**

Your Name: \_\_\_\_\_ The Other Person(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Please give a brief explanation of the nature of your concern. Please limit the explanation to the space provided, and we will get more details when we speak with you.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail, fax, or hand carry this form to the Human Relations Commission:

Prince George's County Human Relations Commission  
1400 McCormick Drive, Suite 245  
Largo, MD 20774  
Telephone: (301) 883-6170  
Fax: (301) 883-6262