



Martin O'Malley, Governor
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Mary Ellen Setting, Deputy Secretary
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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: _____
2. COMPLAINT AGAINST:
Facility Name: _____ Operator's name: _____
Facility address: _____
City State Zip Code
License Number: _____ License Expiration Date: _____
3. 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?

