

Bureau of Professional Licensing Investigations & Inspections Division Complaint Intake Section

PO Box 30670 • Lansing, MI 48909 Telephone: (517) 241-0205

> Fax: (517) 241-2389 www.michigan.gov/bpl BPL-Complaints@michigan.gov

STATEMENT OF COMPLAINT

Type or print legibly in ink. Real estate complaints must be filed with the Department within 18 months after the date of the alleged violation or, if the alleged violation occurs in connection with a real estate transaction, the date the transaction is completed. Include appropriate documentation confirming the date of the alleged violation and/or the date the transaction was completed, as applicable.

| Address (Number and Street) Address (Number and Street) Zip Code City, State Telephone Number Telephone Number Name of Person You Dealt With E-mail Address License Number (If known) Are you willing to testify in a hearing? Yes No Accountancy Appraisal Management Company (AMC) Architect Architect Architect Barber/Barber Shop/School Collection Agency Address (Number and Street) Zip Code Zip Code Zip Code City, State Telephone Number F-mail Address Are you willing to testify in a hearing? Yes No Cosmetology/Cosmetology School/Shop Hearing Aid Dealer Landscape Architect Real Estate Appraiser Real Estate Broker/Salesperson/Company Collection Agency | Address (Number and Street) Address (Number and Street) City, State Zip Code City, State Telephone Number Telephone Number E-mail Address License Number (If known) Are you willing to testify in a hearing? Yes No Accountancy Appraisal Management Company (AMC) Architect Barber/Barber Shop/School Address (Number and Street) Zip Code Zip Code Zip Code Zip Code Code Code City, State Telephone Number E-mail Address Are you willing to testify in a hearing? Yes No Professional Engineer Professional Surveyor Real Estate Appraiser Real Estate Appraiser Real Estate Appraiser Real Estate Broker/Salesperson/Company | Address (Number and Street) Address (Number and Street) Zip Code City, State Zip Code Telephone Number Telephone Number Name of Person You Dealt With E-mail Address License Number (If known) Are you willing to testify in a hearing? Yes No Accountancy Appraisal Management Company (AMC) Architect Architect Barber/Barber Shop/School Collection Agency Address (Number and Street) Zip Code Zip Code Zip Code Zip Code City, State Zip Code Zip Code Cosmetology Cosmetology Aprail Address Cosmetology Selection School/Shop Hearing Aid Dealer Landscape Architect Real Estate Appraiser Real Estate Broker/Salesperson/Company Company | YOUR COMPLAINT IS AGA | INST | | INFORMATION ABOUT YOU | | |
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| City, State Zip Code City, State Zip Code Telephone Number Telephone Number Telephone Number E-mail Address License Number (If known) Are you willing to testify in a hearing? Yes No Indicate which profession your complaint is against: Accountancy Appraisal Management Company (AMC) Architect Barber/Barber Shop/School Collection Agency Agency City, State Zip Code Zip Code City, State Zip Code Company (Address Are you willing to testify in a hearing? Yes No Professional Surveyor Professional Surveyor Real Estate Appraiser Real Estate Appraiser Real Estate Broker/Salesperson/Company | City, State Zip Code City, State Zip Code Telephone Number Telephone Number Telephone Number E-mail Address License Number (If known) Are you willing to testify in a hearing? Yes No Indicate which profession your complaint is against: Accountancy Appraisal Management Company (AMC) Architect Barber/Barber Shop/School Collection Agency Zip Code City, State Zip Code Zip Code Cometology/Cosmetology Are you willing to testify in a hearing? Yes No Professional Surveyor Real Estate Appraiser Real Estate Broker/Salesperson/Company Real Estate Broker/Salesperson/Company | City, State Zip Code City, State Zip Code Telephone Number Telephone Number Telephone Number E-mail Address License Number (If known) Are you willing to testify in a hearing? Yes No Indicate which profession your complaint is against: Accountancy Appraisal Management Company (AMC) Architect Barber/Barber Shop/School Collection Agency Zip Code City, State Zip Code Zip Code Cometology/Cosmetology Are you willing to testify in a hearing? Yes No Professional Engineer Professional Surveyor Real Estate Appraiser Real Estate Broker/Salesperson/Company Collection Agency | Name of Licensee (Company/Individual) | | Name | | | |
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| | sneny explain your complaint below. Attach additional sheets, if necessary, to clearly document the violations which you believe have occurred. | sneny explain your complaint below. Attach additional sheets, if necessary, to clearly document the violations which you believe have occurred. | Barber/Barber Shop/School Collection Agency | Personnel Agency | , | Real Estate Broke | er/Salesperson/Company | |
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Attach copies of the following documents as applicable to support your complaint. Failure to do so will cause unnecessary delays. Check below which documents you have enclosed. Do not attach lengthy court proceedings, binders, or other bulky material. You may be asked to provide other documents at a later date. **Do not send originals, we cannot be responsible for their safekeeping.**

Buyer/Listing Agreement Offer to Purchase Closing Statement Disclosure Statement

Signature

Canceled Checks, Receipts Claim Form Land Contract Advertisements Plats, plans, other specifications Property Report Appraisal Report Legal Property Description Contract for Service Land Survey

Date

| I understand the information provided will not be returned, will be used for investigative purposes, and may be subject to release under the Freedom of Information Act. | |
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