

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.

YOUR COMPLAINT IS AGAINST		INFORMATION ABOUT YOU	
Name of Licensee (Company/Individual)		Name	
Address (Number and Street)		Address (Number and Street)	
City, State	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	

Indicate which profession your complaint is against:

Accountancy
Appraisal Management Company (AMC)
Architect
Collection Agency
Hearing Aid Dealer

Landscape Architect
Personnel Agency
Professional Engineer
Professional Surveyor

Real Estate Appraiser
Real Estate Broker/Salesperson/Company

Briefly explain your complaint below. Attach additional sheets, if necessary, to clearly document the violations which you believe have occurred.

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.**

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|-------------------------|---------------------------|------------------------------------|----------------------------|
| Buyer/Listing Agreement | Canceled Checks, Receipts | Plats, plans, other specifications | Legal Property Description |
| Offer to Purchase | Claim Form | Property Report | Contract for Service |
| Closing Statement | Land Contract | Appraisal Report | Land Survey |
| Disclosure Statement | Advertisements | | |

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.

Signature _____ *Date* _____