FORM FOR FILING A COMPLAINT AGAINST AN APPRAISAL MANAGEMENT COMPANY

This form should be used when filing a complaint against a registered Appraisal Management Company, hereinafter “AMC.” Please fill in all information listed below. The completed form is needed to expeditiously process the complaint.

Your complaint becomes public record and a copy of it will be given to the AMC complained against.

IMPORTANT

The Arkansas Appraiser Licensing & Certification Board, hereinafter “ALCB” investigates complaints against registered AMCs accused of violating state law and/or the ALCB’s statutes or rules and regulations. If the Board finds that a registered AMC has violated the governing standards, it can only suspend or revoke licenses. The Board cannot order an AMC to refund appraisal fees or pay damages.

MONETARY RELIEF IS NOT AVAILABLE FROM THIS BOARD.

The Arkansas Appraiser Board cannot give legal advice or act as your attorney.

Name of Complainant: __________________________________________

Mailing Address: __________________________________________

Street Address City State Zip

Home Phone: ( ) ________________ Work /Daytime Phone: ( ) ________________

E-mail: __________________________________________

FOR BOARD USE ONLY
FORM AMC-507
AMC Complaint Form

Complaint # __________________________
Registration # ______________________
Date Processed/By ____________________
Documents Mailed/By __________________
AMC COMPLAINED AGAINST

Name of Appraisal Management Company: ________________________________________________________________

Contact Person: ______________________________________________________________________________________

Registration No: ___________________________________________ Phone: ________________________________________

Address: _______________________________________________________________________________________________

Street Address City State Zip

INFORMATION ABOUT YOUR COMPLAINT

Have you contacted the AMC about your complaint? (Yes/No)____________________________________________________

If yes, please provide additional information:

Date of Contact: _______________________ Person Contacted: ___________________________________________________

Results: ________________________________________________________________________________________________

_______________________________________________________________________________________________________

Does your Complaint involve a specific appraisal? (Yes/No) __________ Date of Appraisal: ___________________________

Location of Property: _____________________________________________________________________________________

_______________________________________________________________________________________________________

Appraisal Order No: ___________________________________________

Please describe your complaint and state facts clearly and concisely below or on another sheet. Attach a copy of the appraisal
report(s) and any documents or data you have to support your allegations.

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Signature of Complainant

________________________________________________________

Date

________________________________________________________

Please send to:
Arkansas Appraiser Licensing and Certification Board
900 West Capitol Avenue, Suite 400
Little Rock, AR 72201