



APPRAISAL MANAGEMENT COMPANIES (AMC) COMPLAINT FORM INSTRUCTIONS

- **PLEASE READ** – Before completing the attached complaint form, please take the time to read these instructions; they will help you understand our function and better help us to understand and act on your complaint.
- **WHAT WE CAN DO** – The Office of Real Estate Appraisers (OREA) will investigate complaints to determine if there has been unlawful or unprofessional conduct by an applicant for a certificate of registration or holder of a certificate of registration. Since a variety of factors impact the order in which the complaints are reviewed and investigated, we are unable to estimate how long this process may take. However, all complaints will be acknowledged in writing and you will be notified at the completion of our investigation.

We will make every effort to keep your identity confidential. However, proper prosecution may require your testimony in administrative or other legal proceedings that require you to appear as a witness subject to cross-examination.

- **WHAT WE CANNOT DO** – We cannot give legal advice or act as your attorney. We cannot act as a court of law or order the refund of monies, award damages or enforce contracts. You may wish to consult an attorney or seek financial relief through the judicial system if you are seeking any of these outcomes.
- **HOW CAN YOU HELP US** – Summarize your complaint in a chronological manner using these guidelines:
 - Tell us *what* happened. Start from the beginning and describe the events as they occurred. Be specific as to what was said and who said it.
 - Tell us *who* was present during these conversations, acts or events.
 - Tell us *when* and *where* these conversations, acts or events took place.

Documentary evidence is especially important! To expedite the handling of your complaint, please provide legible photocopies of all documents relating to your complaint. Identify the documentation in item #22 of the complaint form. Maintain your original copies in a safe and secure location.

ITEM #23, Certification Statement, must be signed and dated to validate your complaint.

Please return your completed complaint to:

**Office of Real Estate Appraisers
Enforcement Unit
1102 Q Street, Suite 4100
Sacramento, California 95811**

(916) 552-9020 Assistance
(916) 552-9008 Facsimile



COMPLAINT FORM
APPRAISAL MANAGEMENT COMPANIES (AMC)
COMPLAINT OF UNETHICAL OR UNLAWFUL CONDUCT
Read the Complaint Form instructions before completing this form.
Please type or print clearly in ink.

INFORMATION ABOUT YOU (Complainant)

1. Name		
Last	First	M.I.
2. Business Telephone Number		3. Home Telephone Number
4. Business Address (Street, City, State, Zip Code; Include Apartment or Suite Number if applicable)		
5. Home Address (Street, City, State, Zip Code; Include Apartment or Suite Number if applicable)		
6. Relationship to Complaint (Client, Lender, Bank, Review Appraiser, etc.)		
7. Reason for Appraisal (Refi, Tax, Divorce, etc., or other action which generated this complaint)		

INFORMATION ABOUT THE APPRAISAL MANAGEMENT COMPANY (AMC)

8. Name of Appraisal Management Company		
9. OREA Certificate of Registration Number		
10. Address (Street, City, State, Zip Code; Include Apartment or Suite Number if applicable)		
11. Business Telephone Number		12. Date and County Transaction Occurred
13. Address of Property Involved		
14. Have you contacted the AMC regarding your complaint?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Name of Initial Contact Person of the AMC		
Name		
Please list the name(s) of all additional contacts :		
Date(s) of Contact	Person(s) Contacted	Results

INFORMATION ABOUT THE APPRAISAL MANAGEMENT COMPANY (cont.)

16. Have you filed this complaint with another agency including the Law Enforcement?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please complete the following:</i>	
Name of Agency and Person Contacted :	
Address and Phone Number of Agency :	
Results of That Complaint (if any) :	
17. Have you retained an attorney in this matter? (If applicable)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please include the following:</i>	
Name of Attorney	Business Telephone Number
Address of Attorney (<i>Street, City, State, Zip Code; Include Apartment or Suite Number if applicable</i>)	
18. May we contact your attorney with reference to this matter?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Is this complaint related to any action filed or pending in any court?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please complete the following and give details in Number 22. (Attach additional sheets if necessary)</i>	
Name of Court	
Address of Court (<i>Street, City, State, Zip Code</i>)	
Type of Action	Case Number
20. Were there any witnesses who have knowledge of the events described in this complaint?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please complete the following and give details in Number 22. (Attach additional sheets if necessary)</i>	
Full Name of Witness #1	
Address (<i>Street, City, State, Zip Code; Include Apartment or Suite Number if applicable</i>)	
Your Relationship to the Witness	Daytime Telephone Number
Full Name of Witness #2	
Address (<i>Street, City, State, Zip Code; Include Apartment or Suite Number if applicable</i>)	
Your Relationship to the Witness	Daytime Telephone Number
Full Name of Witness #3	
Address (<i>Street, City, State, Zip Code; Include Apartment or Suite Number if applicable</i>)	
Your Relationship to the Witness	Daytime Telephone Number

INFORMATION ABOUT THE APPRAISAL MANAGEMENT COMPANY (cont.)

21. Indicate the documentation you are submitting in support of this complaint. (*Do not send originals*)

Document	Pages	Attachments (if any)
<input type="checkbox"/> Appraisal	_____	_____
<input type="checkbox"/> Appraisal Order Form or Contract	_____	_____
<input type="checkbox"/> AMC Policies	_____	_____
<input type="checkbox"/> Other Miscellaneous Correspondence	_____	_____
<input type="checkbox"/> Other (<i>explain</i>):		
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. In the form of a brief statement, please give the full details of your complaint. Be factual. Try to answer the questions: *Who, What, When, Why and How.* (*Attach additional sheets if necessary*)

23. Certification Statement. (Must be signed and dated to validate complaint)

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FACTS STATED HEREIN AND THE ATTACHMENTS HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed this _____ day of _____ in the county of _____ (county)
_____ (state).

Complainant Signature _____

Complainant Name (please print) _____