

NORTH CAROLINA APPRAISAL BOARD

5830 Six Forks Road, Raleigh, NC 27609
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COMPLAINT - AMC

INSTRUCTIONS

1. This form should be used when filing a complaint with the North Carolina Appraisal Board against an Appraisal Management Company (hereinafter "AMC").
2. Please fill in the information listed below. Then answer the questions and state your complaint on the reverse side of this form.
3. Your complaint will become a public record, and a copy of it will be given to the AMC complained against.

IMPORTANT

The Appraisal Board investigates complaints against AMCs accused of violating laws or rules. If the Board finds that AMC has violated law or rules, it can only fine it or suspend or revoke its registration. The Board cannot order an AMC to pay any fees to appraisers.

*The Board will not accept a complaint regarding the amount of a fee an AMC offers to an appraiser.
The Board will not accept a complaint about an event that occurred before January 1, 2011.*

The Appraisal Board cannot give legal advice or act as your attorney

TYPE OR PRINT CLEARLY IN INK

Your Full Name	
Residence Address (Street, City, State, Zip Code)	Home Phone
Business Address (Street, City, State, Zip Code and PO Box)	Work Phone

AMC(S) COMPLAINED AGAINST

AMC #1:	Registration # _____	AMC #2:	Registration # _____
Company Name	_____	Company Name	_____
Company Address	_____	Company Address	_____

(Over)

Physical address of property involved in the complaint, if any:

Have you consulted an attorney regarding your complaint? Yes No

If "Yes," give name: _____

Is the complaint involved in a lawsuit filed or pending in court?

In the form of a brief statement, give the full essentials of your complaint. Be factual. **Furnish copies of all documents pertaining to your complaint (invoices, emails, contracts, letters, etc.), retaining the originals for your files.** Include the name, address, and telephone number of any witness(es) to the transaction in question. Attach additional sheets if necessary. PLEASE TYPE OR PRINT LEGIBLY.

**SIGN AND RETURN THE ORIGINAL OF THIS
FORM (AND ANY ACCOMPANYING DOCUMENTS)
TO THE APPRAISAL BOARD**

(Date)

(Signature of Complainant)