

OKLAHOMA REAL ESTATE APPRAISER BOARD APPRAISAL MANAGEMENT COMPANY ("AMC") COMPLAINT FORM

				Date	
Oklaho 5 Corpo 3526 No	oma Real Estate Appraiser ma Insurance Department orate Plaza orthwest 56 Street, Suite 100 ma City, OK 73112	Board			
FILING PARTY INFORMATION:			Email address:		
From:			Telephone:		
Address:		City & State:		Zip:	
	IATION:				
Name of AMC:			Certificate #:		
Contact Person:		Address:	Address:		
City & State:		Zip:	Telephone Number:		
INFORMATIO	N ABOUT YOUR COMPLAI	NT:			
Have you conta	cted the AMC about your Comp	laint? Yes No)		
lf Yes, please p	rovide additional information:				
Date of Contac	t Person Contacted	Results			
Does your Com	plaint involve a specific apprais	al Yes No			
Type of Apprais	al (Residential, Agricultural, Co	mmercial, etc.):			
	al:	Location of P	iopeity		

Names and addresses of other involved parties:

COMPLAINT

Please give as detailed information as possible including dates, and explain what solution you feel is correct. Attach copies of your appraisal report(s), exhibits, documents and any other correspondence relating to the complaint.

WHAT YOU NEED TO KNOW:

1. The Oklahoma Real Estate Appraiser Board regulates its licensees; we can not mediate or resolve professional or personal disputes. If you believe you have a legal claim for monetary damages, you should consult an attorney.

2. The Board will not accept a complaint about an event that occurred before January 1, 2011.

3. The Oklahoma Real Estate Appraiser Board will investigate complaints to determine if there has been unlawful or unprofessional conduct by an applicant for a certificate or registration or a holder of a certificate of registration pursuant to the Oklahoma Appraisal Management Company Regulation Act; 59 O.S. § 858-801 et seq.

I,	state that the information supplied by me is true and correct to the best of my	knowledge and
belief.		

Signature of person making complaint

Date

OREAB USE ONLY

Complaint Number:_____

Date Entered: