



ARIZONA DEPARTMENT OF FINANCIAL INSTITUTIONS

REAL ESTATE APPRAISAL DIVISION

2910 N. 44th Street, Suite 310

Phoenix, AZ 85018

(602) 771-2800 Fax (602) 381-1225

Email: REAinfo@azdfi.gov Website: www.azdfi.gov

**REAL ESTATE APPRAISAL DIVISION COMPLAINT FORM**

Robert D. Charlton  
Superintendent

Doug A. Ducey  
Governor

Upon receipt of this complaint form, a preliminary review will be conducted to determine if the Division has jurisdiction over the matter forming the basis of the complaint. If the matter is not within the Division's jurisdiction, you will be notified. If it is within the Division's jurisdiction, this agency will evaluate the complaint to determine whether sufficient evidence of a violation of Arizona state statutes, rules or the Uniform Standards of Professional Appraisal Practice (USPAP) exists to pursue disciplinary action. If additional information is necessary, a member of the staff may contact you. Please complete this form as completely as possible and to the best of your ability. Anonymous complaints are accepted.

**If possible, please email the complaint to REAinfo@azdfi.gov. If the document file sizes are too large, it may be necessary to mail it to us at the above address.**

**1. I wish to file a complaint against:**

Date:

**2. My contact information:** Name:

Address:

City:

State:

Zip Code:

E-Mail:

Telephone Number(s):

Best time to call:

**3. Information concerning the person(s) or company against whom you are filing a complaint:**

Person's Name:

Company Name:

Address:

City:

State:

Zip Code:

E-Mail:

Arizona License or Registration Number (if known):

**4. Does this complaint involve an Appraisal? If yes, please include a copy of the appraisal with the complaint form.**

YES

NO

Address of property appraised or involved:

City:

State:

Zip Code:

Date of Appraisal:

What type of property is it? Company Name:

**5. Have you previously complained to the person(s) or company involved?**

YES NO

If yes, who did you contact?

How did you notify them? Written (Please attach copies.) Oral (Please detail each contact.)

What was their response?

**6. Have you filed this complaint against the person(s) or company with any other agency or company?**

YES NO

If yes, what agency or company?

What action, if any, has been taken by the other Agency or Company?

**7. Is this complaint filed to comply with the mandatory reporting requirements of the Dodd-Frank Act?**

YES NO Do Not Know

**8. Are you an appraiser who is filing this complaint because you were terminated from an AMC panel or because of a fee dispute?**

YES NO

*If yes, have you completed a dispute resolution process with the AMC?*

YES NO

**9. Is this matter currently or has it ever been in any civil litigation or criminal court of law?**

(If yes, please provide your attorney's information below)

YES NO

Attorney's Name:

Attorney's Address:

City:

State:

Zip Code:

Telephone Number:

Approximate date heard in court:

**10. Compliant Detail. What action would resolve this matter to your satisfaction? Describe the nature or reason for the complaint. If additional room is needed, please attach additional sheets. Please enclose copies of any documents that may assist the Division in addressing the complaint.**

**11. List the name(s), address(es), and telephone number(s) of any witness(es) who have information concerning the subject matter of your complaint, if any:**

Name: Telephone Number(s):

Address:

Name: Telephone Number(s):

Address:

### **Signature Block**

(it is not a requirement that the complaint be signed)

- I certify that the information contained herein and all enclosed documents are true and correct to the best of my knowledge and this complaint is not being filed in bad faith.
- By signing below, I understand that a copy of my complaint form will be made available to the person or company against whom it is filed and a copy of my complaint form and accompanying documentation may be subject to public inspection in accordance with ARS 32-3609.

Signature:

Date: