



ARIZONA BOARD OF APPRAISAL

15 S. 15th Avenue, Suite 103A
Phoenix, AZ 85007
(602) 542-1558 Fax (602) 542-1598
Email: info@azboa.gov
Website: www.azboa.gov

ARIZONA BOARD OF APPRAISALS (ABOA) COMPLAINT FORM

Upon receipt of this complaint form, a preliminary review will be conducted to determine if the ABOA has jurisdiction over the matter forming the basis of the complaint. If the matter is not within the ABOA's jurisdiction, you will be notified. If it is within the ABOA's jurisdiction, this board 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 ABOA staff may contact you. Please complete this form as completely as possible and to the best of your ability.

1. I wish to file a complaint against: _____ On 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 against:

Person's Name: _____

Company Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail: _____

Arizona License Number or Registration number (if known): _____

4. Does this complaint involve an Appraisal? If yes, please attach 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: _____

5. Complaint detail; Describe the nature or reason for the complaint. Please send copies of any documents that may assist the ABOA in addressing the complaint, such as the appraisal and/or review appraisal. Attach additional sheets as needed.

- Complaint detail (Continued)

6. Is this matter currently or has it ever been in any civil litigation or 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: _____

7. Is this matter currently subject to criminal proceedings?

(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: _____

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

YES NO Do Not Know

9. 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

10. Have you filed this complaint against this person or company with another agency or company?

YES NO

IF yes, what agency or company? _____

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

11. Have you previously notified the person or company about the issues raised in your complaint?

YES NO

If yes, how did you notify them? Written (please attach copies) Oral (please detail each contact)

What was their response?

12. List the name(s), address (es), and telephone number(s) of any witnesses (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 will be subject to public inspection in accordance with ARS: 32-3609

Signature _____ Date: _____