



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

\_\_\_\_\_ Date

To: **Oklahoma Real Estate Appraiser Board**  
**Oklahoma Insurance Department**  
**Five Corporate Plaza**  
**3625 NW 56<sup>th</sup> St, Suite 100**  
**Oklahoma City, OK 73112**

**FILING PARTY INFORMATION:**

Email address: \_\_\_\_\_

From: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

**AMC INFORMATION:**

Name of AMC: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**INFORMATION ABOUT YOUR COMPLAINT:**

Have you contacted the AMC about your Complaint? Yes \_\_\_ No \_\_\_

If Yes, please provide additional information:

Date of Contact	Person Contacted	Results

Does your Complaint involve a specific appraisal: Yes \_\_\_ No \_\_\_

Type of Appraisal (Residential, Agricultural, Commercial, etc.): \_\_\_\_\_

Date of Appraisal: \_\_\_\_\_ Location of Property: \_\_\_\_\_

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.

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**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: \_\_\_\_\_