



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

\_\_\_\_\_ Date

To: **Oklahoma Real Estate Appraiser Board**  
**Oklahoma Insurance Department**  
**5 Corporate Plaza**  
**3526 Northwest 56 Street, 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

