



FDIC Interagency Appraisal Complaint Form

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Privacy Act Statement

Collection of this information is authorized by 12 U.S.C. §§ 1818 and 1819 and 15 U.S.C. § 57a(f). The information you provide to the FDIC on this form will be used to investigate and respond to your complaint or inquiry. The information you provide may be disclosed to the institution which is the subject of the complaint or inquiry and to any third party sources, when necessary to investigate or resolve the complaint or inquiry; to the Federal or State supervisory authority that has direct supervision over the financial institution that is the subject of the complaint or inquiry; to appropriate Federal, state or local authorities agencies if a violation or possible violation of a civil or criminal law is apparent; to a congressional office in response to an inquiry made at your request; to a court, magistrate or administrative tribunal in the event of litigation, or in accordance with the other "routine uses of records" listed in the FDIC's Consumer Complaint and Inquiry System of Records, # 30-64-0005. Completing this form is voluntary, but failure to provide all of the information may delay or preclude investigation of your complaint or inquiry.

Last Updated 09/23/2015

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and review the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Paper Reduction Act Clearance Officer, Legal Division, Federal Deposit Insurance Corporation, 550 17th Street, N.W., Washington, D.C. 20429, and the Office of Management and Budget, Paperwork Reduction Project (3064-0134), Washington, D.C. 20503.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection unless it displays a currently valid OMB control number.

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Purpose: This form collects information about complaints of non-compliance with the appraisal independence standards and the Uniform Standards of Professional Appraisal Practice, including complaints from appraisers, individuals, financial institutions, and other entities.

Complaint Process: Your complaint will be reviewed by the appropriate regulator(s). Please do not submit documents with your complaint, as the regulator(s) will contact you if more information is needed. Please note the regulator(s) may not be able to provide the resolution you request because of legal and other constraints. For example, regulator(s) considering a complaint do not have jurisdiction to directly award damages, settle fee disputes, or act as your attorney or expert witness. A regulator's review of your complaint will focus on potential violations of applicable law or regulatory policy and could result in a regulator taking action(s) against the entity about which you are complaining.

Do not include any information in your complaint that you consider confidential or do not want disclosed during the complaint review process. While completing this form is voluntary, failure to provide all of the information may delay or prevent the appropriate regulator from reviewing your complaint.

Whistleblowers: Federal and state laws offer protection for whistleblowers.

*Required Fields

Your Information:

*Last Name *First Name

Business Name

*E-mail Address

*Confirm E-mail Address

Phone numbers must be numeric, no dashes or parentheses (ex:1234567890)

Phone Number

*Street Address, line 1

Street Address, line 2
*City *State *Zip Zip Ext

*Who are you? Please check the most appropriate option.

- Individual Property Owner
- Mortgage Broker
- Business Property Owner
- Appraiser
- Financial Institution Lender
- Appraisal Management Company
- Non-Financial Institution Lender
- Other

*Who are you complaining about? Check all that apply.

- Appraiser
- Appraisal Management Company
- Lender
- Other

Are you employed by the subject of your complaint? Yes No

* Please provide information regarding the person or entity you are complaining about. If more than one, please provide information in the "Describe your complaint" section, below.

Last Name First Name
Business Name
Phone numbers must be numeric, no dashes or parentheses (ex:1234567890)
Phone Number
Street Address, line 1
Street Address, line 2
*City *State Zip Zip Ext

*What is the nature of your complaint? Check all that apply.

- Appraiser independence
- Non-compliance with Uniform Standards of Professional Appraisal Practice
- Improper (or attempted improper) influencing of an appraiser or the appraisal process
- Removal or exclusion from an approved appraiser list or addition to a "do not use" list
- Appraisal fee-related issue
- Appraisal report inaccurate
- Other

* Please provide information about your complaint

* Type of the Property Residential 1-to-4 Family Commercial or Multi-Family (over 4 units)

Address of Property

* Street Address, line 1
Street Address, line 2
*City *State *Zip Zip Ext

* Have you tried to resolve your complaint with anyone? Yes No

If yes, date of contact Who did you contact?

At what company or government agency?

***Describe your complaint**

Briefly describe your complaint. Do not submit any documents with your complaint. You will be contacted if more information is needed.

For more information on appraiser independence or the Uniform Standards of Professional Appraisal Practice (USPAP), go to: <http://ReferMyAppraisalComplaint.ASC.gov>.

*Checking this box authorizes the FDIC to respond and investigate (if applicable) your concerns.

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