

YOUR INFORMATION

The Account Owner/Holder should complete this section.	
* Indicates Required Fields	
First Name *:	
Middle Name:	
Last Name *:	
Business Name (if Applicable):	
Street Address *:	
City *:	
State *:	

	one * nter digits only, no dashes):
	mail * ample - username@name.domain):
En	ter your e-mail address once more for verification
En	ter your e-mail address once more for verification
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WI	no are you? Please check the appropriate box. *
WI	no are you? Please check the appropriate box. * Individual Property Owner
Wi	no are you? Please check the appropriate box. * Individual Property Owner Business Property Owner
Wi	no are you? Please check the appropriate box. * Individual Property Owner Business Property Owner Financial Institution Lender Non-Financial Institution Lender
Wi	Individual Property Owner Business Property Owner Financial Institution Lender Non-Financial Institution Lender Mortgage Broker
WI C C C C	no are you? Please check the appropriate box. * Individual Property Owner Business Property Owner Financial Institution Lender Non-Financial Institution Lender

PERSON OR ENTITY THAT IS SUBJECT OF THE COMPLAINT

Who are you complaining about? Check all that apply.*:
Appraiser
Lender
Appraisal Management Company
Other
Please specify other:
Are you employed by the subject of your complaint?*:
YES
C 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.
Name of Person or Entity: *
Street Address:
City:
State:
Zip Code (Sample - 12345 or 12345-1234):
Phone:
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 specify other:
Type of Property*
Residential 1-to-4 Family
Commercial or Multi-Family (over 4 units)
Address of the Property Involved*
Have you tried to resolve your complaint with anyone?*
YES
NO
If Yes, date of contact? (i.e., mm/dd/yyyy)
Who did you contact?
At what company or government agency:

COMPLAINT INFORMATION *

(Response Required)

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

Maximum of **4000** characters allowed. You have **4000** characters left to describe your complaint.



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