



Office of the Comptroller of the Currency

APPRAISAL COMPLAINT FORM

Please fill in this form completely. Mail or fax this completed complaint form to:

**Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
1-713-336-4301 (Fax)**

Interagency Appraisal Complaint Form

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.

Paperwork Reduction Act of 1995: The burden for this collection of information is estimated to take 30 minutes per response. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send comments to: Legislative and Regulatory Activities Division, Office of the Comptroller of the Currency, Washington, DC 20219; Comments/Legal ESS, Federal Deposit Insurance Corporation, 550 17th Street NW, Washington, DC 20429; NCUA PRA, National Credit Union Administration, 1775 Duke Street, Alexandria, Virginia 22314.

Privacy Notice: The information you are providing is being collected pursuant to the individual authorities of the federal financial institution regulators (12 U.S.C. §§ 1481, 1464, 1756, 1766, and 1820 in connection with a complaint made pursuant to 12 U.S.C. §

3351(i). The information provided will be used to ensure the appropriate regulator receives your complaint and by the regulator to review and respond to your complaint. In order to review and respond to your complaint, the appropriate regulator may disclose your information consistent with the routine uses listed in the regulators' respective Privacy Act Statement:

OCC (www.helpwithmybank.gov/policies/policies-privacy.html);

FDIC (www.fdic.gov/consumers/questions/Priv_statement.html);

FRB (www.federalreserve.gov/privacy.htm); and

NCUA (<http://www.ncua.gov/about/pages/Privacy.aspx>).

Do not include any information in your complaint 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.

Your Information

Name (First, Last or Business) _____ (____) ____ - ____
Phone

Address, City, State, Zip Code _____

Email _____

Who are you? Please check the appropriate box.

- | | |
|---|---|
| <input type="checkbox"/> Individual Property Owner | <input type="checkbox"/> Mortgage Broker |
| <input type="checkbox"/> Business Property Owner | <input type="checkbox"/> Appraiser |
| <input type="checkbox"/> Financial Institution Lender | <input type="checkbox"/> Appraisal Management Company |
| <input type="checkbox"/> Non-Financial Institution Lender | <input type="checkbox"/> Other _____ |

Who are you complaining about? Check all that apply.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Appraiser | <input type="checkbox"/> Appraisal Management Company |
| <input type="checkbox"/> Lender | <input type="checkbox"/> 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.

Name (First, Last or Business) _____ (____) ____ - ____
Phone

Address, City, State, Zip Code _____

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 Property

- ☐ Residential 1-to-4 Family
- ☐ Commercial or Multi-Family (over 4 units)

Address of the Property Involved

<p>Have you tried to resolve your complaint with anyone? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, date of contact: _____ Who did you contact? _____</p> <p>At what company or government agency? _____</p>	
<p>Describe your complaint.</p>	
<p>Briefly describe your complaint. Do not submit any documents with your complaint. You will be contacted if more information is needed.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>For more information on appraiser independence or the Uniform Standards of Professional Appraisal Practice (USPAP), go to: http://ReferMyAppraisalComplaint.ASC.gov.</p>	
<p>I certify that I am the named individual or business (or their designee) filing this complaint and the information in this complaint is true and correct to the best of my knowledge and belief.</p> <p>_____</p>	
<p>Signature _____</p>	<p>Date _____</p>

If a valid OMB Control Number does not appear on this form, you are not required to complete this form.