

NORTH CAROLINA APPRAISAL BOARD

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ncab@ncab.org

COMPLAINT - AMC

INSTRUCTIONS

1. This form should be used when filing a complaint with the North Carolina Appraisal Board against an Appraisal Management Company (hereinafter "AMC").
2. Please fill in the information listed below. Then answer the questions and provide the details of your complaint on the reverse side of this form.
3. A copy of your complaint will be provided to the AMC complained against.

IMPORTANT

The Appraisal Board investigates complaints against AMCs accused of violating North Carolina laws or rules that are applicable to AMCs. If the Board finds that AMC has violated North Carolina laws or rules, it has the authority to impose a civil penalty, suspension or revocation of its registration. The Board does not have the authority to order an AMC to pay any fees to appraisers.

The Appraisal Board cannot give legal advice or act as your attorney

TYPE OR PRINT CLEARLY IN INK

Your Full Name	
Residence Address (Street, City, State, Zip Code)	Home Phone
Business Address (Street, City, State, Zip Code and PO Box)	Work Phone

AMC(S) COMPLAINED AGAINST

AMC #1:	Registration # _____	AMC #2:	Registration # _____
Company Name	_____	Company Name	_____
Company Address	_____	Company Address	_____

(Over)

Physical address of property involved in the complaint, if any:

Have you consulted an attorney regarding your complaint? Yes No

If "Yes," give name: _____

Is the complaint involved in a lawsuit filed or pending in court?

If the complaint involves failure to pay fees, please complete the following:

Date appraisal was ordered _____ Amount of the fee paid: _____

Date delivered/submitted _____ Has any portion of the fee been paid? Yes No Amount: _____

Type of property:

Single family 2 – 4 family Condo Manufactured Home Other _____

In the form of a brief statement, please provide the full details of your complaint. **Furnish copies of all documents pertaining to your complaint (appraisal reports, contracts, letters, etc.), retaining the originals for your files.** Include the name, address, and telephone number of any witness(es) to the transaction in question. Attach additional sheets if necessary. PLEASE TYPE OR PRINT LEGIBLY.

**SIGN AND RETURN THE FORM AND ANY ACCOMPANYING DOCUMENTS
TO THE APPRAISAL BOARD**

I hereby certify that the information presented in this complaint form is true to the best of my knowledge and belief.

(Date)

(Signature of Complainant)