

**NORTH CAROLINA APPRAISAL BOARD**

5830 Six Forks Road, Raleigh, NC 27609  
Phone (919)870-4854 Fax (919)870-4859

**COMPLAINT**

**INSTRUCTIONS**

1. This form should be used when filing a complaint with the North Carolina Appraisal Board against a *registered trainee, licensed or certified real estate appraiser* (hereinafter "*appraiser*").
2. Please fill in the information listed below. Then answer the questions and state your complaint on the reverse side of this form.
3. Your complaint will become a public record, and a copy of it will be given to the appraiser complained against.

**IMPORTANT**

The Appraisal Board investigates complaints against registered trainees, licensed, or certified appraisers accused of violating laws, rules or standards of practice. If the Board finds that registered trainees, licensees or certificate holders have violated the Appraisal Act or the governing standards, it can only suspend or revoke their licenses. The Board cannot order appraisers to refund appraisal fees.

*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

**APPRAISER(S) COMPLAINED AGAINST**

**APPRAISER #1: Appraiser's Lic/Cert #** \_\_\_\_\_

**APPRAISER #2: Appraiser's Lic/Cert #** \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Address \_\_\_\_\_

(Over)

Physical address of appraised property: \_\_\_\_\_  
\_\_\_\_\_

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?      

In the form of a brief statement, give the full essentials of your complaint. Be factual. **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 ORIGINAL OF THIS  
FORM (AND ANY ACCOMPANYING DOCUMENTS)  
TO THE APPRAISAL BOARD**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Complainant)