



Mississippi Real Estate Appraiser Licensing and Certification Board

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P.O. BOX 12685
JACKSON, MS
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FORM FOR FILING A COMPLAINT AGAINST AN APPRAISAL MANAGEMENT COMPANY

This form should be used when filing a complaint against a registered Appraisal Management Company, hereinafter "AMC". Please fill in all information listed below. The completed form is needed to expeditiously process the complaint. Your complaint will be of public record and a copy of the complaint and all accompanying documentation will be forwarded to the AMC for a response. Please send all applicable information to the above mailing address.

IMPORTANT

The Mississippi Real Estate Appraiser Licensing and Certification Board, hereinafter "MAB" investigates complaints against registered AMC's who are accused of violating state statutes and/or rules of the MAB. If the MAB finds that a registered AMC has violated the governing standards, the MAB has the statutory authority to levy a monetary fine, suspend an AMC's registration or revoke the registration of the AMC. The MAB does not have the statutory authority to require an AMC to pay fees to an appraiser or to pay damages to an appraiser.

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

Name of Complainant: _____

Mailing Address: _____
Street Address City State Zip

Home Phone: () _____ Work/Daytime: () _____

Cell Phone: () _____ Other: _____

E-mail: _____

AMC COMPLAINT

Name of Appraisal Management Company: _____

Contact Person: _____

Registration NO: _____ Phone: _____

Address: _____
Street Address City State Zip

INFORMATION ABOUT YOUR COMPLAINT

Have you contacted the AMC about your Complaint? (Yes/No) _____

If yes, you may provide additional information by including attachments:

Date of Contact: _____ Person Contacted: _____

Results: _____

Does your Complaint involve a specific Appraisal? (Yes/No) Date of Appraisal: _____

Location of Property: _____

Attach a copy of the above referenced appraisal report(s) and include any documents which might be of assistance to the MAB in investigating your allegations. Please describe your complaint and state facts clearly and concisely in the space below or on another sheet of paper.

Signature of Complainant: _____ Date: _____

SWORN TO AND ASCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

Notary Public: _____ Commission Expires: _____