



State Board of Appraisers, Abstractors, and Home Inspectors

900 West Capitol Avenue, Suite 400

Little Rock, AR 72201

501-296-1843

www.labor.arkansas.gov

FORM AMC-507

Complaint Against an AMC

Registration # _____

Complaint # _____

**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 becomes public record and a copy of it will be given to the AMC complained against.

IMPORTANT

The State Board of Appraisers, Abstractors, and Home Inspectors investigates complaints against registered AMCs accused of violating state law and/or the Board's statutes or rules and regulations. If the Board finds that a registered AMC has violated the governing standards, it can only suspend or revoke its registration. The Board cannot order an AMC to refund appraisal fees or pay damages.

MONETARY RELIEF IS NOT AVAILABLE FROM THIS BOARD.

**The State Board of Appraisers, Abstractors, and Home Inspectors
cannot give legal advice or act as your attorney.**

Name of Complainant: _____

Mailing Address: _____
Street Address City State Zip

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

E-mail: _____

AMC COMPLAINED AGAINST

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, please provide additional information:

Date of Contact: _____ Person Contacted: _____

Results: _____

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

Location of Property: _____

Appraisal Order No: _____

Please describe your complaint and state facts clearly and concisely below or on another sheet. Attach a copy of the appraisal report(s) and any documents or data you have to support your allegations.

Signature of Complainant _____

Date _____



Please send to:
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