

State of Rhode Island and Providence Plantations **DEPARTMENT OF BUSINESS REGULATION** 1511 Pontiac Avenue, Bldg. 69-1 Cranston, Rhode Island 02920

Division of Commercial Licensing Real Estate Appraisers Section

REAL ESTATE APPRAISERS COMPLAINT FORM

Any person may file a written complaint with the Department when allegations an appraiser has violated any provisions of

| written statement of the basis of your complaint. Furnish copies of all documents (i.e. copy of appraisal report, emails, general correspondence or relevant letters) pertaining to your complaint. | | | | | | |
|---|------------------------------|---------------|-----------------|-----------|-----------|--|
| RESPONDENT (Appraiser whom the complaint is against) | | | | | | |
| Appraisers' Name: | | | RI License No.: | | | |
| Agency Name: | | | | | | |
| Agency Address: | | | | | | |
| City: | State: | | | Zip Code: | | |
| Phone Number: | Emai | il Address: | | | | |
| COMPLAINANT (Individual initiating the complaint) | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| City: | | State: | | | Zip Code: | |
| Phone Number: | Emai | nail Address: | | | | |
| Is there a pending or completed lawsuit regarding your complaint? □ Yes □ No | | | | | | |
| Have you consulted an attorney regarding your complaint? \square Yes \square No If 'Yes', provide contact information below. | | | | | | |
| Attorney's Name: | | | Phone Number: | | | |
| Firm Name: | | | | | | |
| Firm Address: | | | | | | |
| ity: | | State: | | | Zip Code: | |
| I, the undersigned, affirm the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached. | | | | | | |
| | | | | | | |
| Complainant Signature | Date of Signature (MM/DD/YY) | | | | | |

Tel: 401-462-9513 Fax: 401-462-9645 TDD: 711 Web Site: www.dbr.ri.gov