



# CONSUMER SERVICES INQUIRY FORM • Appraisal

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
Division of Professional Regulation  
100 West Randolph Street, 9<sup>th</sup> Floor  
Chicago, IL 60601

If you are a member of the **public**, please complete the following:

**COMPLAINANT:**

Today's Date:		
Your Name(s)	E-mail Address	
Daytime Telephone (or) Cell:	Work Telephone:	Fax Number:
Your Current Address		
City	State	Zip

I wish to remain anonymous. Anonymous complainants cannot be informed of complaint results. Lenders, mortgage brokers, and AMCs that make an anonymous complaint may not be able substantiate compliance with Dodd-Frank Mandatory Reporting requirements.

If you are a **lending institution, mortgage broker, real estate professional, appraiser, reviewer, attorney, law enforcement agency**, or an **appraisal management company**, please complete the following:

**COMPLAINANT:**

Today's Date:		
Your Name(s)	E-mail Address	
Daytime Telephone (or) Cell:	Work Telephone:	Fax Number:
Company or Agency Name:		
Company or Agency Address		
City	State	Zip

**Review appraisals or rebuttal appraisals submitted as evidence with the redacted name and/or license number of the appraiser will be rejected. AVMs and other proprietary algorithm programs cannot be the sole basis of the evidence presented.**

**IL 505-0540 (Rev 3/11)**



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### INFORMATION ABOUT THE PROPERTY THAT WAS APPRAISED:

Address (please include unit or apartment number for condominiums or cooperatives)		
City	State	Zip

### THE PROPERTY WAS APPRAISED FOR THE FOLLOWING REASON:

- Refi or Equity Loan       Sale       Tax Appeal  
 Divorce       Estate - Inheritance       **Other** (indicate below)

If **Other**: \_\_\_\_\_

### THE COMPLAINT IS THAT THE APPRAISER(S):

- Over-valued the property       Failed to produce a report that was paid for  
 Under-valued the property       **Other** – including errors and omissions (indicate below)

If **Other**: \_\_\_\_\_

### INFORMATION ABOUT THE APPRAISER:

Appraiser's Name	Appraiser's Illinois License Number (if known)	
Daytime Telephone (or) Cell:	Work Telephone:	Fax Number:
Company Name:		
Company Address		
City	State	Zip

Please attach a copy (**NOT THE ORIGINAL**) of the appraisal (*if you have it*) and/or other relevant papers or documents. Feel free to write (*legibly*) additional concerns on a separate piece of paper.

Return completed form with documentation to:

**ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**  
**Division of Professional Regulation**  
**Attention: Appraisal Complaint**  
**100 West Randolph Street, 9<sup>th</sup> Floor**  
**Chicago, IL 60601**

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