



# COMPLAINT FORM • Appraisal Management Company

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

Please complete the following if you are the party **complaining**:

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.

### INFORMATION ABOUT THE APPRAISAL MANAGEMENT COMPANY:

AMC's Name		
AMC's Illinois Registration Number (if known)		
Individual (by name) at the AMC with whom you're in contact		
Daytime Telephone (or) Cell:	Work Telephone:	Fax Number:
AMC's physical Address		
City	State	Zip

**IMPORTANT** - IDFP cannot provide legal advice or act as your attorney. We cannot order the refund of monies, recover past due invoices or award damages. You may wish to consult an attorney or seek financial relief through the civil judicial system if you are seeking any of these outcomes.

**THE COMPLAINT IS THAT THE AMC:**

<input type="checkbox"/>	Failed to provide the AMC's Illinois Registration number and/or expiration date.
<input type="checkbox"/>	Prohibited the appraiser from including or referencing the appraisal fee, the appraisal management company name or identity, or the client's or lender's name or identity within the body of the appraisal report.
<input type="checkbox"/>	Failed to provide the location of the property or properties that are the subject of the assignment.
<input type="checkbox"/>	Failed to identify the property type (e.g., single-family residence, industrial condominium, etc.).
<input type="checkbox"/>	Failed to provide definitive information regarding the total completed assignment compensation.
<input type="checkbox"/>	Failed to include the registrant's turn time requirements.
<input type="checkbox"/>	Failed to provide the name and contact information for the registrant's representative.
<input type="checkbox"/>	Failed to provide the name and contact information for any person whose assistance is required to gain access to the subject property.
<input type="checkbox"/>	Failed to provide a legible copy of a fully executed and complete sales contract, along with all pertinent addenda (because the transaction involved a sale);
<input type="checkbox"/>	Failed to provide Registrant and/or end-user client guidelines or changes in guidelines.
<input type="checkbox"/>	Failed to provide information as to whether the owner of the property under appraisal has been advised that interior images may be required under the assignment criteria.
<input type="checkbox"/>	Failed to identify the end-user client in any assignment or service request.
<input type="checkbox"/>	Altered my appraisal report.
<input type="checkbox"/>	Requested and/or required me to sign an indemnification clause or enter into a non-compete agreement.
<input type="checkbox"/>	Required me to transmit an unsigned appraisal assignment result.
<input type="checkbox"/>	<b>Other</b> ; this includes payment issues, removal from the panel without 30 days prior written notice, and all other issues related to appraiser independence.

If Other:

Please attach a copy (**NOT THE ORIGINAL**) of any 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: AMC Complaint**  
**100 West Randolph Street, 9<sup>th</sup> Floor**  
**Chicago, IL 60601**