



**Arkansas Appraiser Licensing and Certification Board**  
 101 East Capitol, Suite 430  
 Little Rock, AR 72201  
[www.arkansas.gov/alcb](http://www.arkansas.gov/alcb)  
 501-296-1843

**FORM AMC-507**

Complaint # \_\_\_\_\_  
 Complaint Received: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Registration number: \_\_\_\_\_  
 Process Date: \_\_\_\_\_  
 Processed by: \_\_\_\_\_  
 Documents Mailed: \_\_\_\_\_

**FOR BOARD USE ONLY**

**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 Arkansas Appraiser Licensing & Certification Board, hereinafter "ALCB" investigates complaints against registered AMCs accused of violating state law and/or the ALCB'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 licenses. The Board cannot order an AMC to refund appraisal fees or pay damages.

**MONETARY RELIEF IS NOT AVAILABLE FROM THIS BOARD.**

**The Arkansas Appraiser Board 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:  
Arkansas Appraiser Licensing and Certification Board  
101 E. Capitol Ave. Suite 430  
Little Rock, AR 72201

