



BRECA USE ONLY

COMPLAINT FORM

INFORMATION ABOUT YOU (Complainant)

1. Name				
Last	First	M.I.		
2. Telephone Number		3. E-mail Address (optional)		
4. Address				
Street	City	County	State	Zip
5. You Are:				
<input type="checkbox"/> Seller <input type="checkbox"/> Buyer <input type="checkbox"/> Those Seeking to Refinance <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Authorized Representative <i>Authorized Representative must provide the information requested below:</i>				
<i>Authorizer's Name:</i>				
<i>Authorizer's Address:</i>	Street	City	State	Zip
<i>Authorizer's Telephone:</i>		<i>Authorizer's Email Address:</i>		

INFORMATION ABOUT THE APPRAISER OR APPRAISAL MANAGEMENT COMPANY

6. Name of the Appraiser or Appraisal Management Company
7. Appraiser License Number or Appraisal Management Company Registration Number

INFORMATION ABOUT THE PROPERTY

8. Address of Property Appraised

GENERAL INFORMATION

9. Is this complaint related to an action filed in any court or complaint submitted to any governmental agency?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please complete the following</i>	
Name of Court or Agency	Case or Complaint Number (if any)
10. Are there any witnesses who have knowledge of the events described in this complaint?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please provide their name and contact information. Attach additional sheets if necessary</i>	
Witness One - Name and Contact Information	Witness Two - Name and Contact Information
Witness Three - Name and Contact Information	Witness Four - Name and Contact Information

11. Do you believe the opinion of the value of the real estate is below, at, or above the market value?

Below market value At market value Above market value

12. Are you a member of one or more of the following protected classes?

- | | | | |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age |
| <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Source of Income | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Ancestry | <input type="checkbox"/> None |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Military or Veteran Status | <input type="checkbox"/> Disability | <input type="checkbox"/> Prefer not to disclose |
| | | <input type="checkbox"/> Genetic Information | |

13. Indicate the documentation you are submitting in support of this complaint. (*Do not send originals*)

Document	Pages	Attachments (if any)
<input type="checkbox"/> Complete Appraisal Report(s)	_____	_____
<input type="checkbox"/> E-mails/correspondence pertinent to your complaint	_____	_____
<input type="checkbox"/> Legible copies of any other evidence to support your allegations (e.g., additional appraisals, review appraisals, additional sales, photos, etc.)	_____	_____
<input type="checkbox"/> Appraisal order form or contract	_____	_____
<input type="checkbox"/> Other (<i>Please explain</i>) _____	_____	_____

14. In the form of a brief statement, please give the full details of your complaint. Be factual.

Try to answer the questions: Who, What, When, Why and How. Attach additional sheets if necessary.

15. Certification Statement. (*Must be signed and dated to validate complaint.*)

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FACTS STATED HEREIN ARE TRUE AND CORRECT.

Signed this _____ day of _____, 20__ in the county of _____ and state of _____.

Complainant Signature _____

Complainant Name (please print) _____