

Interagency Appraisal Complaint Form

Purpose: This form collects information about complaints of non-compliance with the appraisal independence standards and the Uniform Standards of Professional Appraisal Practice, including complaints from appraisers, individuals, financial institutions, and other entities.

Complaint Process: Your complaint will be forwarded to the appropriate regulator(s) for review. Please do not submit documents with your complaint, as the regulator(s) will contact you if more information is needed. Please note the regulator(s) may not be able to provide the resolution you request because of legal and other constraints. For example, regulator(s) considering a complaint do not have jurisdiction to directly award damages, settle fee disputes, or act as your attorney or expert witness. A regulator's review of your complaint will focus on potential violations of applicable law or regulatory policy and could result in a regulator taking action(s) against the entity about which you are complaining.

Privacy Statement: The information you are providing is being collected pursuant to the individual authorities of the federal financial institution regulators (12 U.S.C. §§ 1, 481, 1464, and 1820; []) The information will be used to refer your complaint, made pursuant to 12 U.S.C. § 3351(i), to the appropriate regulator and by the regulator to review and respond to your complaint. In order to review and respond to your complaint, the appropriate regulator may disclose your information consistent with the routine uses listed in the regulators' respective Privacy Act Notices: OCC - __; FDIC - __; CFPB - __; FRB - __; NCUA - __. Do not include any information in your complaint you consider confidential or do not want disclosed during the complaint review process. While completing this form is voluntary, failure to provide all of the information may delay or prevent the appropriate regulator from reviewing your complaint. Anonymity cannot be guaranteed. However, if the appropriate regulator has a process to take action on an anonymous complaint, do you prefer to remain anonymous? Yes No

Whistleblowers: Federal and state laws offer protection for whistleblowers.

Your Information

 Name (First, Last or Business) (____) ____-____
 Phone

 Address, City, State, Zip _____
 Email

Who are you? Please check the appropriate box.

- | | |
|---|--|
| <input type="checkbox"/> Individual Property Owner | <input type="checkbox"/> Certified General Appraiser |
| <input type="checkbox"/> Business Property Owner | <input type="checkbox"/> Certified Residential Appraiser |
| <input type="checkbox"/> Financial Institution Lender | <input type="checkbox"/> Licensed Appraiser |
| <input type="checkbox"/> Non-Financial Institution Lender | <input type="checkbox"/> Appraisal Management Company |
| <input type="checkbox"/> Mortgage Broker | <input type="checkbox"/> Other _____ |

Who are you complaining about? Check all that apply.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Appraiser | <input type="checkbox"/> Appraisal Management Company |
| <input type="checkbox"/> Lender | <input type="checkbox"/> Other _____ |

Are you employed by the subject of your complaint? Yes No

Please provide information regarding the person or entity you are complaining about. If more than one, please provide information in the "Describe your complaint" section, below.

 Name (First, Last or Business) (____) ____-____
 Phone

 Address, City, State, Zip

What is the nature of your complaint? Check all that apply.

- Appraisal inaccurate or disagree with the value provided in the appraisal
- Appraiser independence
- Non-compliance with Uniform Standards of Professional Appraisal Practice
- Improper (or attempted improper) influencing of an appraiser or the appraisal process
- Removal or exclusion from an approved appraiser list or addition to a "do not use" list
- Appraisal fee-related issue
- Other _____

Please provide information about your complaint

Type of Property <input type="checkbox"/> Residential 1-to-4 Family <input type="checkbox"/> Commercial or Multi-Family (over 4 units)	Address of the Property Involved _____ _____
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Have you tried to resolve your complaint with anyone? Yes No

If Yes, date of contact: _____ Who did you contact? _____

At what company or government agency? _____

Describe your complaint

Briefly describe your complaint. Do not submit any documents with your complaint. You will be contacted if more information is needed.

For more information on appraiser independence or the Uniform Standards of Professional Appraisal Practice (USPAP), go to: www.ReferMyAppraisalComplaint.gov.

I certify that I am the named individual or business (or their designee) filing this complaint and the information in this complaint is true and correct to the best of my knowledge and belief.

Signature Date

Internal Agency use only. Control Number: _____ Date Received: _____

Agency Complaint Routed To: _____ Date Routed: _____

Prudential Regulator: _____