COMPLAINT INTAKE FORM

P.O. Box 12188, Austin, Texas 78711-2188

Standards & Enforcement Services
enforcement.talcb@talcb.texas.gov
512-936-3621 Fax: 512-936-3966
www.talcb.texas.gov

NOTE: (1) Once completed and signed, email this form and supporting documents to enforcement.talcb@talcb.texas.gov. If the attachments are too large for email transmission, please contact TALCB for additional options. (2) TALCB does not resolve disputes solely about appraised value.

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLUE OR BLACK INK

Upon receipt of this complaint intake form, a preliminary investigative review will be conducted to determine if TALCB has jurisdiction over the matter forming the basis of the complaint. If the matter is not within TALCB's jurisdiction, you will be notified. If TALCB has jurisdiction, TALCB will evaluate the complaint to determine whether sufficient evidence of a violation of TALCB's statutes or rules, or the Uniform Standards of Professional Appraisal Practice (USPAP) exists to pursue disciplinary action. If additional information is necessary, TALCB staff will contact you. You will be informed of the final resolution of the complaint.

1. I WISH TO FILE A COMPLAINT AGAINST: (choose only one)

☐ Appraiser ☐ Appraisal Management Company (AMC) ☐ Other

☐ Education Provider - Complete items 2, 3, 9, 10, 12, 13 and Signature Block

2. MY CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone Number(s): _____ Fax Number: _____

3. INFORMATION CONCERNING THE PERSON OR COMPANY YOU ARE COMPLAINING ABOUT:

Person's Name: _____

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

TALCB License Number or Registration Number (if known): _____

4. DOES THIS COMPLAINT INVOLVE AN APPRAISAL? ☐ **Yes** ☐ **No**

If yes, please attach a copy of the appraisal report.

Address of property appraised: _____

Date of Appraisal: _____ Date you first became aware of the issues described in this complaint: _____

5. IS THIS MATTER CURRENTLY IN CIVIL OR CRIMINAL LITIGATION? ☐ **Yes** ☐ **No**

If yes, please provide the following information:

TYPE OF LITIGATION? ☐ **Civil** ☐ **Criminal**

Case Name and Number (e.g., *Doe v. Smith*, No. LIT-123) _____

Court Name (e.g., Travis County District Court) _____

Status of Litigation, if known (e.g., Discovery Deadline is mm/dd/yyyy; Trial Date is mm/dd/yyyy)

_____

NOTE: If your answer to this question is "NO," but you anticipate filing litigation or become aware of litigation involving this matter in the future, please notify the Board within 10 business days after you file or become aware of litigation involving this matter.

6. IF YOU ANSWERED "YES" TO QUESTION 5, ARE YOU A PARTY IN THE LITIGATION? ☐ **Yes** ☐ **No**

If yes, please provide your attorney's contact information:

Attorney's Name: _____

Attorney's Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

7. ARE YOU FILING THIS COMPLAINT: (check all that apply)

☐ To comply with mandatory reporting requirements of the Dodd-Frank Act?

☐ Following a referral from the Appraisal Complaint National Hotline?

8. ARE YOU AN APPRAISER, FILING THIS COMPLAINT BECAUSE: (check all that apply)

☐ You were dismissed by an AMC for alleged illegal conduct, an alleged violation of the Uniform Standards of Professional Appraisal Practice, or an alleged violation of the Texas Appraiser Licensing and Certification Act?

☐ You have not been compensated by an AMC within 60 days of providing the appraisal or valuation assignment, or you have not been compensated at a rate that is reasonable and customary for appraisals being performed in the market area of the property being appraised consistent with the presumptions under federal law?

☐ The AMC engaged in a prohibited act under Texas Occupation Code §1104.203? (e.g., the AMC sought to influence or otherwise encourage a targeted value, the AMC altered a completed appraisal report by adding or removing information, etc.)

Have you made a written request to complete the dispute resolution process offered by the AMC? ☐ **Yes** ☐ **No**

If yes, was the matter resolved by the AMC's dispute resolution process? ☐ **Yes** ☐ **No**

If no, please explain why you did not make a written request to complete the AMC's dispute resolution process or why it remains unresolved.

_____

_____

_____

9. HAVE YOU FILED A COMPLAINT AGAINST THIS PERSON OR COMPANY WITH ANOTHER AGENCY? ☐ **Yes** ☐ **No**

If yes, which agency? _____

What action has been taken by the other agency? _____

_____

_____

_____

10. COMPLAINT DETAIL: Describe the nature or reason for the complaint. Please send copies of any documents that may assist TALCB in addressing the complaint, such as the appraisal or review appraisal. Attach additional sheets as needed.

_____

_____

_____

_____

11. PLEASE EXPLAIN YOUR CONCERN ABOUT THE APPRAISAL REPORT OR APPRAISER/AMC CONDUCT: If the appraised value is your primary concern, please explain specifically what concerns you about the appraised value or the development of value.

_____

_____

_____

12. HAVE YOU PREVIOUSLY NOTIFIED THE PERSON OR COMPANY ABOUT YOUR COMPLAINT? ☐ **YES** ☐ **NO**

If yes, how did you notify them? ☐ WRITTEN (attach copies) ☐ ORAL (detail each contact)

What was the response? _____

_____

_____

13. PLEASE LIST THE NAME(S), ADDRESS(ES), AND TELEPHONE NUMBER(S) OF ANY WITNESS(ES) WHO HAVE INFORMATION CONCERNING THE SUBJECT MATTER OF YOUR COMPLAINT: Attach additional sheets as needed.

Name: _____ Telephone Number(s): _____

Address: _____

Name: _____ Telephone Number(s): _____

Address: _____

Name: _____ Telephone Number(s): _____

Address: _____

SIGNATURE BLOCK
(TALCB cannot process an unsigned form)

- I certify that the information contained herein and all enclosed documents are true and correct to the best of my knowledge.
- I understand that, if determined to have merit, a copy of my complaint intake form will be made available to the person or company against whom it is filed and a copy of my complaint intake form and accompanying documentation is subject to public disclosure or inspection in accordance with the Public Information Act (Chapter 552, Government Code).

_____ _____
Signature Date

PRIVACY NOTICE

In accordance with Chapter 559, Government Code, the following notice about certain information laws and practices is given.

(1) With few exceptions, an individual is entitled on request to be informed about the information that a state governmental body collects about the individual.

(2) Under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information.

(3) Under Section 559.004 of the Government Code, the individual is entitled to have the governmental body correct information about the individual that is incorrect.