

IOWA DIVISION OF BANKING  
REAL ESTATE APPRAISER EXAMINING BOARD

200 E GRAND AVE  
SUITE 350  
DES MOINES, IA 50309

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WEBSITE: [HTTPS://WWW.IDOB.STATE.IA.US/REAP/](https://www.idob.state.ia.us/reap/)

**UNIFORM COMPLAINT FORM**

| <b>COMPLAINANT INFORMATION (COMPLAINANT)</b>  |                                |  |  |
|---|--------------------------------|--|--|
| FULL NAME (First/ Middle/Last)  |                                | TITLE                                  |  |
| RELATIONSHIP TO INDIVIDUAL<br><input type="checkbox"/> BANK <input type="checkbox"/> PEER <input type="checkbox"/> HOMEOWNER <input type="checkbox"/> OTHER (Specify) _____   |                                | LICENSE/REGISTRATION # (If applicable) |  |
| TELEPHONE NUMBER  | EMAIL                          |  |  |
| STREET ADDRESS  |                                | SUITE/APARTMENT                        |  |
| CITY  | STATE                          | ZIP CODE                               |  |
| <b>SUBJECT OF COMPLAINT (RESPONDENT)</b>  |                                |  |  |
| NAME OF INDIVIDUAL  |                                |  |  |
| ADDRESS   |                                | SUITE/APARTMENT                        |  |
| CITY  | STATE                          | ZIP                                    |  |
| SUBJECT IS REGISTERED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN   | REGISTRATION NUMBER (IF KNOWN) | DATE OF APPRAISAL REPORT/INCIDENT      |  |
| <b>SUBJECT PROPERTY OF COMPLAINT</b>  |                                |  |  |
| PROPERTY TYPE <input type="checkbox"/> AGRICULTURAL <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> VACANT LAND<br><input type="checkbox"/> OTHER (Specify) _____ |                                |  |  |
| STREET ADDRESS  |                                | SUITE/APARTMENT                        |  |
| CITY  | STATE                          | ZIP CODE                               |  |
| <b>COMMUNICATIONS WITH RESPONDENT</b>   |                                |  |  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Have you contacted the respondent concerning this complaint?   |                                |  |  |
| If yes, what were the results?  |                                |  |  |

**COMPLAINT DETAILS**

**BRIEFLY** EXPLAIN YOUR COMPLAINT. ATTACH ADDITIONAL SHEETS, IF NECESSARY, TO CLEARLY DOCUMENT THE VIOLATIONS YOU BELIEVE HAVE OCCURRED.

**SUPPLEMENTAL DOCUMENTS**

Please attach copies of the following documents (*as applicable*) to support your complaint, and include any claim, policy, contract or other pertinent information. Failure to do so may cause unnecessary delays. Check below which documents, if any, you have enclosed.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> LISTING AGREEMENT                   | <input type="checkbox"/> ADVERTISEMENTS      | <input type="checkbox"/> OFFER TO PURCHASE            |
| <input type="checkbox"/> LAND CONTRACT                       | <input type="checkbox"/> WORK PAPERS         | <input type="checkbox"/> PLATS, PLANS, SPECIFICATIONS |
| <input type="checkbox"/> SELLER'S DISCLOSURE STATEMENT       | <input type="checkbox"/> CLOSING STATEMENT   | <input type="checkbox"/> REAL ESTATE APPRAISAL(S)     |
| <input type="checkbox"/> CONTRACT FOR SERVICES               | <input type="checkbox"/> AUDIT/REVIEW PAPERS | <input type="checkbox"/> NO DOCUMENTATION SUBMITTED   |
| <input type="checkbox"/> OTHER (Specify) _____; _____; _____ |  |   |

**ADDITIONAL PARTIES INVOLVED (Please provide the full name, address, & phone number of other involved parties or those individuals who have knowledge regarding the complaint)**

1)

2)

3)

**ATTORNEY INFORMATION (If you are being represented by legal counsel, please complete the below)**

ATTORNEY NAME

PHONE NUMBER

ADDRESS

SUITE/APARTMENT

CITY

STATE

ZIP

**SIGNATURE**

This division only has jurisdiction in certain matters involving consumers and registrants. It is suggested that you first contact the person or firm about whom you have a complaint to see if the matter can be settled. If this has been unsuccessful, you may want to consult an attorney to determine your civil options, file an action in small claims court, or contact your local prosecutor. These steps may be taken in conjunction with or instead of filing a complaint with this division. The division does not provide legal advice or act as your attorney.

SIGNATURE (*required to file complaint*)

DATE

Signature: \_\_\_\_\_

**PLEASE COMPLETE AND RETURN TO:**MAIL

DEPARTMENT OF COMMERCE  
200 E. GRAND  
SUITE 350  
DES MOINES, IA 50309

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EMAIL

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