Auto Damage Appraisers Licensing Board

Complaint Form

Please use this form to file a complaint against licensed appraiser(s).
Retain a copy for your files.

INSURANCE INFORMATION

Claimant/Insured

Date of Loss

Claim #

Appraiser/License #

REPAIR SHOP INFORMATION

Shop Name

Address

City/State/Zip

Area Code & Telephone

RS#

COMPLAINT. *Be specific.*

If more space is needed, write on back of form or attach additional sheets.

Send your complaint to:

Division of Insurance

Auto Damage Appraisers Licensing Board

One South Station

Boston, MA 02110