

**Commonwealth of Massachusetts
Auto Damage Appraiser Licensing Board**

Application for Complaint

Submitted by:

Name _____

Business _____

Address _____

Telephone Number _____

E-Mail Address _____

Appraiser License Number (if applicable) _____

Licensed Appraiser Seeking Complaint Against

Name _____

License Number _____

Business Name _____

Business Address _____

E-Mail Address _____

Describe the incident that led to your application for complaint. Your complaint must include:

1. A citation of the specific section of 212 CMR 2.00 which was violated by the appraiser.
2. A statement of facts of the complaint, including the dates and times that the events occurred.
3. Attach copies of appraisals, correspondence and any other documents which detail the facts of the complaint.

Please note that all applications for complaints are examined to determine their factual basis. The act of filing an application for complaint does not assure or imply that disciplinary action will be taken against the licensed appraiser.

I affirm and verify under the pains and penalties of perjury that the information provided is true, correct, and complete to the best of my knowledge. I am aware that a penalty of perjury may be imposed as provided for under M.G.L. Chapter 268, §1A when a statement or declaration signed under the penalties of perjury is willfully false in a material matter.

Signature

Date

Mail to: Auto Damage Appraiser Licensing Board, One Federal Street, Suite 700, Boston, MA 02110