

**STATE OF HAWAII**  
**DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**  
**REGULATED INDUSTRIES COMPLAINTS OFFICE**  
**CONSUMER RESOURCE CENTER**  
**OAHU OFFICE**  
 235 SOUTH BERETANIA STREET, 9TH FLOOR  
 HONOLULU, HI 96813  
 cca.hawaii.gov/rico

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FOR OFFICIAL USE ONLY

# COMPLAINT FORM – REAL ESTATE APPRAISAL

**Important information about filing a complaint.** RICO’s jurisdiction is limited to violations of Hawaii’s licensing laws and rules. Violations vary depending on the license type involved. As part of the review and investigation process, the company or individual you are complaining about may be informed of this matter and provided information about your complaint. Additional information about the industries RICO regulates, applicable licensing laws and rules, and a list of Frequently Asked Questions are available on the RICO website.

**If you want to report on-going unlicensed activity, please complete the Report of On-Going Unlicensed Activity form.**

## COMPLAINING WITNESS INFORMATION (YOUR INFORMATION)

<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	(Last Name)	(First Name)	(Middle Name)
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Your mailing address:	Telephone numbers: (✓ check best number to reach you at) <input type="checkbox"/> Daytime phone: (     ) _____ <input type="checkbox"/> Residence phone: (     ) _____
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Your email:	<input type="checkbox"/> Cellular phone: (     ) _____
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Are you filing on behalf of a business or organization?  Yes  No

If yes, please provide the name of your business/organization:

### If someone is representing the COMPLAINING WITNESS, please complete this section:

Representative’s name	Address	Phone No.
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Representative’s relationship to the complaining witness: \_\_\_\_\_  
*If court appointed to assist the COMPLAINING WITNESS, please provide proof of legal guardianship.*

Signature of COMPLAINING WITNESS authorizing RICO to work with representative: \_\_\_\_\_

Explain here if COMPLAINING WITNESS is unable to sign: \_\_\_\_\_

**RESPONDENT INFORMATION (Person or business your complaint is against)**  
**Please complete one complaint form per respondent.**

Respondent:  business or  individual

Address: Telephone No.: (        )

Fax: (        )

Email: Is the business or individual you are complaining about licensed?  Yes  No  Don't know

Website Address: List any professional license number(s) here:

Name of person(s) you dealt with:

**APPRAISAL INFORMATION**

Address of location: Property owner's name:

Appraisal date: Appraiser's name: Client's name:

Value opinion of the appraisal: Effective date:

**DESCRIBE YOUR DISPUTE**

Please briefly explain your complaint (attach a separate sheet if necessary). If possible, include a timeline of events and approximate dates.

**REQUIRED INFORMATION**

1. A complete and unaltered copy of the appraisal being questioned is required. If an appraisal is provided with this complaint, confirm the copy is a complete and unaltered copy:  Yes  No  Don't know
2. If you are not identified in the appraisal as a "client" or "intended user," please explain how you received a copy of the appraisal you have asked us to review:

3. If you relied on an "appraisal review" to question the appraisal that you asked us to review, please provide a copy of the following:

- The reviewer's complete appraisal; and
- The work-file concerning and relating to the appraisal review; and
- Any communications between you and the original appraiser, including the appraiser's response to your concerns and to the appraisal review you used and/or relied on.

4. The following question applies if you are an appraiser or have appraisal experience:

If you believe the appraisal in question may have violated the Uniform Standards of Professional Appraisal Practice (USPAP), please specify the USPAP rule(s) you suspect were violated and why:

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Please attach **COPIES** of any documents you may have to support your complaint, checking any of the boxes that apply. **Do not** submit originals; we are unable to return attachments to you.

- Business cards
- Copies of correspondence (letters, emails, notes)
- Complete and unaltered copy of the appraisal
- Any appraisal reviews
- Photos
- Other (please list) \_\_\_\_\_

Check here if no attachments are included

### DID YOU ATTEMPT TO RESOLVE YOUR DISPUTE?

If your dispute involves a licensed business or individual, RICO recommends that you attempt to resolve your dispute with the licensee before filing a formal complaint. Please note unlicensed companies and individuals are not authorized to perform work that requires a license, therefore, RICO cannot recommend resolution of unlicensed complaints that involve additional or corrective work.

Did you contact the respondent to try and resolve your dispute?  Yes  No Please explain any attempts you made to try to resolve the dispute. Indicate if you did not receive a response or you were otherwise unable to contact the business or individual your dispute is about.

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Have you reported your complaint to any other law enforcement or government agency?  Yes  No

If yes, please provide the following:

- 1) Name of the agency: \_\_\_\_\_
- 2) Approximate date when you filed your report or complaint: \_\_\_\_\_
- 3) Report or complaint number, if any: \_\_\_\_\_

Have you filed a lawsuit or other legal action (for example, mediation or arbitration) related to your dispute?  Yes  No  
If yes, please provide the following:

- 1) Name of the court: \_\_\_\_\_
- 2) Case number, if any: \_\_\_\_\_
- 3) Attach **copies** of any relevant documents including any judgments or orders issued in the case.

## ADDITIONAL QUESTIONS

**Other agency referral:** If upon review RICO believes a referral to another government agency is appropriate, do you consent to have your complaint sent to that agency for review?  Yes  No

**What is your desired resolution?** In answering, please be aware that RICO is a government agency that represents the State of Hawaii as a whole, and not individual persons like consumers. Consumers, therefore, should consider seeking private or civil dispute resolution procedures and remedies too.

## CERTIFICATION

Complaining witnesses are required to complete, sign, and certify below for RICO to process this. We can assist you if you are unable to sign or otherwise complete this form. Knowingly submitting false or untrue information may constitute a violation of Hawaii Revised Statutes §710-1063.

I certify that all statements and attachments provided to RICO as part of this complaint are true and correct to the best of my knowledge. I understand that all documents and materials that I provide to RICO will not be returned to me and are subject to the State's retention policies, including purging and destruction.

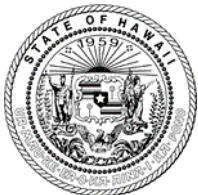
I understand that investigation and prosecution are at the discretion of the agency and that RICO does not represent me in this dispute.

**Complaining Witness's/Representative's signature:**

**Date:**

Print name here: \_\_\_\_\_

Check here if signing as representative



Mail completed complaint forms to:

Regulated Industries Complaints Office  
Attention: Consumer Resource Center  
235 South Beretania Street, 9th Floor  
Honolulu, Hawaii 96813

Complaint forms are accepted at neighbor island RICO offices for mailing.

This material is available in alternate formats including large print.

For assistance, please contact the RICO Consumer Resource Center at 1-844-808-3222.