

REAL ESTATE

Minnesota Market Assurance Division Consumer Complaint Form

(This form is only for the use of Minnesota residents.)

Thank you for contacting the MN Department of Commerce Market Assurance Division. Please provide the information requested below and allow sufficient time for us to complete our inquiry. A copy of this form and any or all information you provide may be sent to the party complained against.

1. Complainant

Your Name: _____

Street Address: _____

City: _____ State: ___ ZIP Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

2. Who is the complaint against?

Name of Company: _____

Street Address: _____

City: _____ State: ___ ZIP Code: _____

Name of Agent: _____

Street Address: _____

City: _____ State: ___ ZIP Code: _____

Name of Appraiser: _____

Street Address: _____

City: _____ State: ___ ZIP Code: _____

3. Reason for Complaint (check one or more)

Listing Agreement Trust Fund / Escrow Question

Equity Skimming Agent Conduct / Service

Failure to Disclose Material Fact

Other (please specify) _____

