

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) _____

