

ARKANSAS REAL ESTATE COMMISSION
INVESTIGATIONS DEPARTMENT
612 SOUTH SUMMIT STREET
LITTLE ROCK, ARKANSAS 72201-4740
(501) 683-8010

COMPLAINT FORM
For AREC Use Only

AREC Case # _____

INSTRUCTIONS:

- Please type or print legibly.
- Provide your home and work telephone numbers.
- Give full name(s) of the real estate licensee(s) [**person(s)**] you are complaining against.
- State facts briefly and clearly, and attach **copies** of any documents to support your allegations.
- Be sure to **give exact dates**. If not possible, give month and year.
- State the name(s) of person(s) who was/were present and can verify oral communication and agreements.
- Furnish full names, full addresses, and daytime telephone numbers of **ALL** persons whom you think can confirm all or part of your allegations.
- If additional pages are needed, copy this form or attach additional pages.
- **Complaint Form MUST be signed on the reverse side** and your signature **MUST be witnessed by a notary public** before the AREC can process your complaint.
- **All persons** who wish to be named as a complainant **MUST** provide a notarized signature on the reverse side of this Complaint Form.
- Return the completed **original** signed & notarized form to the AREC.

NOTE: If you are unable to comply with any of these instructions because of a disability, contact the AREC Investigation Department about provisions of the Americans with Disabilities Act.

Name of Complainant(s) [Please state whether Mr., Ms., or Mr. & Mrs.]

Mailing Address City State Zip

Home Telephone Number Work/Daytime Telephone Number

Name of Real Estate Licensee(s) [**Person(s)**] Against Whom you are Filing this Complaint.

Name of Real Estate Company(ies) Licensee(s) was/were Licensed with at Time of this Transaction.

Address of Real Estate Company(ies) City State Zip

State briefly the accurate and truthful facts giving rise to the complaint and the date(s) of transaction/occurrence.

STATE of _____

COUNTY of _____

I/We _____ [Name of Complainant(s)],

being first duly sworn, state(s) that on _____ (Date of Transaction/Occurrence)

