

# 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 telephone number and email address.
- Give full name(s) of the real estate licensee(s) or 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.
- Furnish full names, full addresses, and daytime telephone numbers of **ALL** persons whom you think can confirm all or part of your allegations.
- Additional pages may be attached if needed.
- **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 \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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)

continue on page 2

\_\_\_\_\_  
Signature(s) of Complainant(s)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

***List below the person(s) that can confirm all or part of your foregoing statements:  
(Please give full mailing addresses including zip code)***

\_\_\_\_\_  
Name [Please state whether Mr. or Ms.]      Address/City/State/Zip Code      Telephone No.

\_\_\_\_\_  
Name [Please state whether Mr. or Ms.]      Address/City/State/Zip Code      Telephone No.

\_\_\_\_\_  
Name [Please state whether Mr. or Ms.]      Address/City/State/Zip Code      Telephone No.