

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)

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.