

OFFICE USE					
Case #					
Order ID:					

#### NORTH CAROLINA REAL ESTATE COMMISSION

P.O. Box 17100 Raleigh, N.C. 27619-7100 Phone (919) 875-3700 • Email: ra@ncrec.gov Website: www.ncrec.gov

### **COMPLAINT FORM**

The Real Estate Commission investigates complaints against real estate licensees accused of misconduct. If the Commission finds that real estate licensees have violated the Real Estate License Law or Commission rules, it can suspend or revoke their licenses.

## **INSTRUCTIONS**

- 1. This form should be used when filing a complaint with the North Carolina Real Estate Commission against a real estate broker or a time share project (hereinafter "licensee"). **Please read and follow these instructions.**
- 2. Please fill in the information requested below. Then answer the questions and state your complaint on page three of this form.
- 3. IMPORTANT: Your complaint and any supporting documentation will become a public record, and a copy of it will be given to the real estate licensee complained against. Complaints cannot be withdrawn or deleted.
- 4. Persons who file complaints must be willing to appear as a witness, be sworn, testify and be cross-examined concerning the allegations made in their complaints.

#### **IMPORTANT**

#### The Real Estate Commission cannot

- Give legal advice or act as your attorney,
- Assist in resolving contract disputes,
- Order agreements/contracts to be canceled,
- Order monies to be paid or refunded to you, or
- Assist in resolving disputes involving compensation between brokers.

If you have these types of issues, you should consult a private attorney.

TYPE OR PRINT CLEAR	ARLY IN INK					
Your Full Name						
(Identifies you as the Compla	aining Witness)	(First)	(Middle)	(Last)		
Mailing address	(411)	(City)	(5,)	(7:)		
	(Address)	(City)	(State)	(Zip)		
Home Phone:	Ce	ell Phone:				
Email Address:						
	REAL ESTATE LIC	CENSEE(S) COMPLAI	NED AGAINST			
BROKER #1			DO NOT WRI	DO NOT WRITE IN THIS SPACE		
Licensee's Name						
Company Name						
Company Address						
City, State, Zip						

BROKER #2 (IF ANY)		DO NO	DO NOT WRITE IN THIS SPACE			
Licensee's Name						
Company Name						
Company Address						
City, State, Zip						
Have you hired or consulted an attorn	ey regarding your complaint?	Ves No				
Attorney's Name						
Attorney's Phone	•					
Is there a pending or completed lawsui	it regarding your complaint? 🔲 Ye	es No				
When did this event occur?						
Property address (if applicable)	(Street Address)	(City)	(State)	(Zip)		
	SIGNATURE AND CERTIF	FICATION				
The undersigned hereby swears or affir	ms that the foregoing statement and	d the attachments h	ereto are true.			
Signature of Complaining Witness		Date				

## **COMPLAINT STATEMENT**

Provide a detailed written statement describing your complaint. Be factual. Furnish copies of all documents pertaining to your complaint (contracts, letters, etc.), retaining the originals for your files. Include the name, address, and telephone number of any additional broker(s) and witness(es) to the matter in question. Attach additional sheets if necessary.

# PLEASE TYPE OR PRINT LEGIBLY.

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