



To: Oklahoma Real Estate Appraiser Board Oklahoma Insurance Department 400 NE 50th St., Oklahoma City, Oklahoma 73105

From:	Telephone:	
Address:	City & State:	Zip:
Name of appraiser:		
Firm:	Address:	
City & State:	Zip:	
Type of Appraisal (Residential, Agricultural, Com		
Date of Appraisal:	Location of Property:	
Names and addresses of other involved parties:		
	GRIEVANCE	
Please give as detailed information as possible in	aluding datas, and avalain what solut	ion you faal is correct. Attach conics of

Please give as detailed information as possible including dates, and explain what solution you feel is correct. Attach copies of your appraisal report(s), exhibits, documents and any other correspondence relating to the complaint.

, state that the information supplied by me is true and correct to the best of my knowledge.

Signature of person making grievance

Date

Ι,

OREAB USE ONLY

Grievance Number:_____

Date Entered: