HOMEOWNER PROTECTION UNIT COMPLAINT

OFFICE OF THE INDIANA ATTORNEY GENERAL

State Form 57626 (R 09/26)

Office of the Attorney General
302 West Washington Street
Indianapolis, IN 46204

INSTRUCTIONS: Print clearly or type all responses on all three (3) pages of the form.

NOTICE: A copy of this complaint form will be submitted to the individual/business listed in Section 2. The Office of the Indiana Attorney General (OAG) cannot accept complaints from anonymous complainants. Failure to provide your name or other identifiable information can limit the ability of OAG to thoroughly investigate complaints.

SECTION 1: SUBMITER INFORMATION

Salutation	First Name (Required)	Last Name (Required)	Suffix

Organization (if applicable)	Are you or your spouse active military?
	No

Phone Number	Email	Preferred Contact Method
		Email

Mailing Address	County	
City	**State**	**Zip**

SECTION 2: WHO IS THE COMPLAINT AGAINST?

Salutation	First Name	Last Name	Suffix

Business/Facility Name (if applicable)	Email
Phone Number	**Title/Role**
Website (if Applicable)	**Social Media Account Names (if applicable)**

Mailing Address	County	
City	**State**	**Zip**

SECTION 3: PROPERTY ADDRESS FOR PROPERTY AT ISSUE

What is the property address for the property at issue?

☐ Address of submitter (provided above)
☐ Address provided below

Mailing Address	County	
City	**State**	**Zip**

SECTION 4: TRANSACTION/INCIDENT DETAILS

Date of Transaction/Incident	Location of Transaction/Incident

Indicate the nature of the transaction/incident

☐ Real Estate (purchase, sale, or appraisal)
☐ Property management
☐ Homeowner association
☐ Landlord/tenant
☐ Mortgage servicing or lending
☐ Other (please describe):

Professional License (if applicable)

☐ Real Estate Broker
☐ Real Estate Broker Company
☐ Real Estate Appraiser
☐ Surveyor

License Number (If applicable and known)

Provide a description of the transaction/incident.

Indicate which, if any, documents are available from the transaction/incident and be sure to submit them with this form.

☐ Real estate documents (i.e. disclosure form, closing documents, lease)
☐ Written agreement/contract
☐ Invoice(s)
☐ Inspection report
☐ Criminal or civil court records (Docket # _____)
☐ Other (please describe):

Are you represented by counsel? No

If the answer to the question above was yes, provide the name and contact information of the attorney/firm.

Have you filed a complaint with any other agency? No

If the answer to the question above was yes, provide the name of the agency and attach that complaint.

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SECTION 5: VERIFICATION

I affirm, under the penalties of perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should **not** include my Social Security Number in any information submitted to the Consumer Protection Division. If I provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

Furthermore, I understand that a complete copy of this complaint will be provided to the Respondent named in Section 2. I also understand that Licensing Enforcement matters are confidential and my information will not be provided to anyone outside of the investigation process.

Signature	Date

SECTION 6: SUBMISSION INFORMATION

Mail the completed form and all associated documents to:

Office of the Indiana Attorney General Consumer Protection Division
Indiana Government Center South, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204
317-232-6330 (phone) • 317-233-4393 (fax)
www.IndianaConsumer.com