



HOMEOWNER PROTECTION UNIT COMPLAINT
OFFICE OF THE INDIANA ATTORNEY GENERAL
State Form 57626 (12-24)



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: SUBMITTER INFORMATION

Salutation	First Name (Required)	Last Name (Required)	Suffix
Organization (if applicable)		Are you or your spouse active military?	
Phone Number	Email		Preferred Contact Method
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?		
<input type="checkbox"/> Address of submitter (provided above) <input type="checkbox"/> 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 <input type="checkbox"/> Real Estate (purchase, sale, or appraisal) <input type="checkbox"/> Property management <input type="checkbox"/> Homeowner association <input type="checkbox"/> Landlord/tenant <input type="checkbox"/> Mortgage servicing or lending <input type="checkbox"/> Other (please describe):		Professional License (if applicable) <input type="checkbox"/> Real Estate Broker <input type="checkbox"/> Real Estate Broker Company <input type="checkbox"/> Real Estate Appraiser <input type="checkbox"/> 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. <input type="checkbox"/> Real estate documents (i.e. disclosure form, closing documents, lease) <input type="checkbox"/> Written agreement/contract <input type="checkbox"/> Invoice(s) <input type="checkbox"/> Inspection report <input type="checkbox"/> Criminal or civil court records (Docket # _____) <input type="checkbox"/> Other (please describe):		
Are you represented by counsel? 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? If the answer to the question above was yes, provide the name of the agency and attach that complaint.		

SECTION 5: CONSENT

Do you consent to disclosing the following information to the public? Note: Selecting "No" to any item will not prevent your information from being provided to the individual/business listed in Section 2.	
	The nature of the complaint and the individual/business name
	Your name
	Your phone number



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SECTION 6: 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).

Signature

Date

SECTION 7: 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