



# REAL ESTATE COMMISSION COMPLAINT STATEMENT

RETURN TO:

DEPARTMENT OF CONSUMER PROTECTION  
TRADE PRACTICES DIVISION  
165 CAPITOL AVENUE – ROOM 110  
HARTFORD, CT 06106

Instructions: Please type or print clearly. Write a detailed chronological summary of the facts and events in your complaint on a separate sheet and attach it along with all documentation and evidence relative to the complaint. You may print and mail the form with your chronological summary to the address provided above, or you can email them to [dcp.tradepractices@ct.gov](mailto:dcp.tradepractices@ct.gov).

**ALL COMPLAINTS AND DOCUMENTATION BECOME PUBLIC RECORD.**

**COMPLAINANT: YOUR NAME:** \_\_\_\_\_

STREET \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**LICENSEE'S NAME** \_\_\_\_\_

BROKER  R SALESPERSON  WHAT IS THE NAME OF HIS/HER BROKER AGENCY AND BROKER THAT LICENSEE WORKS FOR:

BROKER AGENCY \_\_\_\_\_

NAME OF BROKER \_\_\_\_\_

BUSINESS ADDRESS: STREET: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE # OF LICENSEE: \_\_\_\_\_ CELL# \_\_\_\_\_

**INFORMATION:** DID YOU CONTACT THE LICENSEE ABOUT YOUR COMPLAINT: YES  NO  DATE: \_\_\_\_\_

PERSON CONTACTED \_\_\_\_\_ POSITION \_\_\_\_\_

DID YOU HIRE A LAWYER? YES  NO  ATTORNEY'S NAME \_\_\_\_\_

LAW FIRM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

IS LITIGATION PENDING? YES  NO  IF YES, IN WHAT COURT? \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**