

New Jersey Department of Banking and Insurance  
Consumer Inquiry and Response Center ("CIRC")  
P.O. Box 471 – Trenton, New Jersey 08625-0471

Phone: (609) 292-7272

Fax: (609) 777-0508 or (609) 292-2431

If you previously contacted the Department and were given a CIRC tracking number, please enter it below.

CIRC Tracking # \_\_\_\_\_

**New Jersey Real Estate Commission - Complaint or Inquiry Form**

**Please check one:**

I do not want to file a complaint at this time, but merely to inquire about the actions of the licensee as set forth below.

I do want to file a complaint and have this matter investigated for possible regulatory violations.

**PLEASE PRINT OR TYPE:**

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Complaint or Inquiry Involving:**

Name of Entity: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Transaction/Issue: \_\_\_\_\_

Statement (Add additional page(s) as required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A BRIEF TYPED OR CLEARLY WRITTEN SUMMARY OF YOUR COMPLAINT OR INQUIRY. THIS SUMMARY SHOULD INCLUDE WHAT TYPE OF RESOLUTION YOU WOULD LIKE TO SEE IN THIS MATTER. (Be sure to enclose copies of any documentation to support your claim)**

**PLEASE NOTE:** As an initial step, you should try to address this matter in writing with the entity involved and allow a reasonable period of time for a response. To facilitate your complaint, please provide the Department of Banking and Insurance with written evidence of your efforts to resolve this matter, including copies of replies you have received. If you already have such evidence; please submit it along with this completed form. Please mail/fax this signed form to the above address along with copies of any pertinent documents.

By signing this form, I understand that a copy of this form and enclosures may be sent to the party cited within the request and authorize the release to the N.J. Department of Banking and Insurance of any records pertinent to this request.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*NOTICE:** This e-mail message and all attachments transmitted with it may contain State of New Jersey legally privileged and confidential information intended solely for the use of the addressee only. If the reader of this message is not the intended recipient, you are hereby notified that any reading, dissemination, distribution, copying, or other use of this message or its attachment is prohibited. If you have received this message in error, please notify the sender immediately and delete this message.