

MAC CASE NUMBER: \_\_\_\_\_ RESOLUTION DATE: \_\_\_\_\_



**Post Office Box 50, Morton, MS 39117  
601-750-4909 601-732-6447 (fax)  
info.msauktioneercommission@gmail.com**

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**Complaint Form (Please type in, print, have notarized and mail to the Board)**

**Complainant's Name (must be the individual who was actually involved in the issue at hand and not a third party):**

\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Your Telephone: (Home/Cell) \_\_\_\_\_ (Work): \_\_\_\_\_**

**Name of person against whom you are complaining:** \_\_\_\_\_

**Name of Business and Street Address of person you are filing complaint against:**

\_\_\_\_\_

\_\_\_\_\_

**Nature of Complaint (supporting information in complete detail, providing copies of any contracts, etc. relative to the complaint)**

