



**AUCTION COMPLAINT FORM**  
PUBLIC SERVICE COMMISSION  
SFN 58821 (03/2021)

**NOTICE:** When filling out this form, please keep in mind that a copy of this complaint will be forwarded to the individual and/or entity for which the complaint is against providing them an opportunity to respond to the allegations.

COMPLAINANT INFORMATION		
Name		Telephone Number
Mailing Address		Email Address
City	State	ZIP Code

COMPLAINT AGAINST		
Name of Auctioneer and/or Auction Clerk		Telephone Number
Mailing Address		Email Address
City	State	ZIP Code

COMPLAINT DETAILS
<p>Describe the facts/circumstances of your complaint in complete detail. Include the following: any attempts to rectify the situation; dates; names; addresses; phone numbers of individual(s) involved. If possible, please provide a copy of the auction bill or auction advertisement.</p>
<p>Attach additional pages if necessary.</p>

**AUCTION SALE TYPE**

Mark "X" for the auction type that applies.

**PUBLIC AUCTION** – Public auction conducted by a licensed auctioneer where bids are placed and accepted in person.

**PUBLIC AUCTION WITH INTERNET BIDDING OPTION** – Public auction conducted by a licensed auctioneer where bids are placed and accepted in person or via the internet during the public auction event.

**INTERNET AUCTION** – Selling or offering for sale either real or personal property at public auction **exclusively** via the internet. Typically closes automatically at a specified time and date.

**MARK "X" TO ANSWER THE FOLLOWING QUESTIONS**

**YES**

**NO**

1. Did you sign a written contract? If Yes, attach a copy of the contract.

2. Were there any witnesses? If Yes, please include their name and contact information below.

NAME

ADDRESS

PHONE NUMBER

_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Have you consulted with an attorney? If Yes, please provide their contact information below.

NAME

ADDRESS

PHONE NUMBER

_____	_____	_____
-------	-------	-------

4. Is any court action pending or completed? If Yes, please identify the case below.

5. What is your resolution expectation?

**DOCUMENTS**

Attach copies of any supporting documents you may have, such as:

- written contracts,
- advertisements,
- canceled checks,
- invoices,
- letters,
- witness statements, and/or
- other documentation you believe will aid in establishing a basis of facts.

**SUBMIT COMPLETED FORMS AND DOCUMENTS TO**

**BY MAIL**

**BY EMAIL**

**Public Service Commission  
Compliance Division  
600 E. Boulevard Ave., Dept. 408  
Bismarck, ND 58505-0480**

**pscauctionlicense@nd.gov**

By signing this form, I acknowledge that the information and statements contained in this complaint and attached documents are true and accurate to the best of my knowledge.

Signature of Individual Filing Complaint

Date

**FORMS LEFT UNSIGNED WILL BE RETURNED**