

# ETHICS COMPLAINT FORM

## To the Grievance Committee of the:

Name of Board/  
Association

Date:

Complainant(s)

Respondent (s)

## Charges:

An alleged violation of  
Article(s) of the Code of  
Ethics:

Or, other membership  
duty as set forth in the  
bylaws of the Board in  
Section, Article:

And alleges that the above charge(s) is/are supported by the attached statement, signed and dated by the complainant(s).

This complaint is true and correct to the best knowledge and belief of the undersigned and is filed within one hundred eighty (180) days after the facts constituting the matter complained of could have been known in the exercise of reasonable diligence or within one hundred eighty (180) days after the conclusion of the transaction, whichever is later.

I (we) declare that to the best of my (our) knowledge and belief, my (our) allegations in this complaint are true.

Are the circumstances giving rise to this ethics complaint involved in civil or criminal litigation or in any proceeding before the state real estate licensing authority or any other state or federal regulatory or administrative agency?

Please select:      Yes  
                                    No

You may file an ethics complaint in any jurisdiction where a REALTOR is a member or MLS participant. Note that the REALTORS Code of Ethics, Standard of Practice 14-1 provides, in relevant part, "REALTORS shall not be subject to disciplinary proceeding in more than one Board of REALTORS ... with respect to alleged violations of the Code of Ethics relating to the same transaction or event."

Have you filed, or do you intend to file, a similar or related complaint with another Association(s) of REALTORS?

Please select:      Yes  
                                    No

If yes, name of other  
Board/Association:

Date(s) filed

I understand that should the Grievance Committee dismiss this ethics complaint in part or in total, that I have twenty (20) days from my receipt of the dismissal notice to appeal the dismissal to the Board of Directors.

Complainant(s)

Name (Print)

Name (Signature)

Name (Print)

Name (Signature)

Address, City State &  
Zip:

Phone:

e-Mail:

**PRINT FORM**

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