

Form #E-1

_____ Jackson Area Association of REALTORS® _____

(Board or State Association)

_____ 505 S. Jackson St. _____ Jackson _____ MI _____ 49203 _____

(Address)

(City)

(State)

(Zip)

ETHICS COMPLAINT

To the Grievance Committee of the Jackson Area Association of REALTORS®

(Board or State Association)

Filed _____, 20 _____

Complainant(s)

Respondent(s)

Complainant(s) charge(s):

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 (Article, Section) _____

and alleges that the above charge(s) (is/are) supported by the attached statement, which is 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 (180) days after the facts constituting the matter complained of could have been known in the exercise of reasonable diligence.

Under the penalties of perjury, 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 federal regulatory or administrative agency? _____ 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 file, or do you intend to file, a similar or related complaint with another Association(s) of REALTORS®? _____ Yes _____ No. If so, name of other Association(s):

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):

(Type/Print) (Signature)

(Type/Print) (Signature)

(Type/Print) (Signature)

ADDRESS: