

GRIEVANCE COMMITTEE

FILED ON: _____

ETHICS COMPLAINT FORM

INSTRUCTIONS

- 1. Please download, fill, save, and electronically submit this form to <u>holly@slrealtors.com</u>.
- 2. Once submitted, your complaint will be presented to the Grievance Committee of the Salt Lake Board of Realtors®.

SECTION 1 COMPLAINANT & RESPONDENT INFORMATION

To the Grievance Committee of the Salt Lake Board of Realtors®:

1	4	7	10	13	16
2	5	8	11	14	17
3	6	9	12	15	

SECTION 3 ADDITIONAL EVIDENCE

Please ATTACH to this form any additional facts that are relevant and supportive of your claims above, including:

- a separate, typed explanation or time-line of events
- documents that support your claim (emails, contracts, text messages, etc.)

SECTION 4 CONFLICT RESOLUTION OPTIONS

Please check the appropriate box, as it applies to you.

YES NO

- 1. Have you attempted to communicate with the respondent to resolve this conflict personally?
- 2. Is the respondent aware that you are now contacting the Salt Lake Board of Realtors®?
- 3. Would you be willing to allow an **ombudsman** (a representative of the SLBR Professional Standards Committee) to contact the respondent(s) to attempt to resolve your complaint? (*Further information available upon request.*)
- 4. If the Grievance Committee determines there is a possible violation of the Code of Ethics, you will be required to attend a **formal hearing** before the Professional Standards Committee. Are you willing to attend the hearing and present your case?
- 5. Are the circumstances giving rise to this ethics complaint involved in civil or criminal litigation?
- 6. Are the circumstances giving rise to this ethics complaint involved in any proceeding before the state real estate licensing authority or any other state/federal regulatory or administrative agency or another Realtor® Association?

SECTION 5 PRIMARY COMPLAINANT CONTACT INFORMATION

FIRST NAME:		N	/IDDLE NAME:		LAST NAME: _		
PHONE:				HOME	CELL	WORK	OTHER
EMAIL ADDRESS:							
HOME ADDRESS:							
CITY:			STATE:		ZIP:		
GENDER:	Male	Female	Non-binary				

SECTION 6 SIGNATURES

PRIMARY COMPLAINANT: Please initial each box and sign below. Have any additional complainants sign below.

I (**PRIMARY COMPLAINANT**) understand that if the Grievance Committee dismisses this ethics complaint in part or in total, and I wish to appeal to the Board of Directors, I must do so within 20 days of receiving the dismissal notice.

Under penalty of perjury, I declare that this complaint is true and correct to the best of my knowledge and belief.

I certify that this complaint has been filed within 180 days of the occurrence of the event(s) that constitute the reason(s) for this complaint OR within 180 days of discovering the alleged issue(s) through exercise of reasonable due diligence.

PRIMARY COMPLAINANT SIGNATURE:	DATE:
ADDITIONAL COMPLAINANT SIGNATURE:	DATE:
ADDITIONAL COMPLAINANT SIGNATURE:	DATE:

Please understand that in any ethics hearing, the ultimate burden of proof that the Code of Ethics was violated rests at all times on the COMPLAINANT. In accordance with NAR policies, "Clear, strong, and convincing" shall be the standard of proof by which the validity of alleged violations of the Code of Ethics is determined.