

Greater Rochester Association of REALTORS®

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Fax 585.292.0283

Mon-Thurs 8:30am-4:30pm; Fri 9:30am-4:30pm

prostandards@grar.net



ETHICS COMPLAINT

Date: _____

Case #: _____

To the Grievance Committee of the Greater Rochester Association of REALTORS®, Inc.

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 By-Laws of the Association _____ (Article/Section) and alleges that the above charge(s) (is/are) supported by the attached **TYPED** statement, which is signed and dated by the complainant(s).

The 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? 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®? 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 this dismissal notice to appeal the dismissal to the Board of Directors.

Type/Print	Signature
Type/Print	Signature

➔➔ Please be sure to attach your TYPED statement (complaint) to this form. It is important that you include all documents that will help support your statements in this complaint (i.e., contracts, inspection reports, disclosure statements, attorneys' approvals, etc.)

➔➔ Also, please fill out the information below so that we can mail correspondence to you or be able to contact you. This information is for Administrative purposes only:

Name & Address of Complainant(s): _____

Home Phone No. _____

Work Phone No. _____

E-Mail Address: _____

Fax No. _____

Other: _____