



Form #E-1
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Clearwater, FL 33762
727-347-7655 x 3016 Phone
727-347-0779 Fax

ETHICS COMPLAINT

To the Grievance Committee of the PINELLAS REALTOR® ORGANIZATION

Filed _____

Case # _____

VS.

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 Association in Article VII, Section 1-3 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 eighty (180) days after the facts constituting the matter complained of could have been known in the exercise of reasonable diligence.

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 or in any proceeding before the state real estate licensing authority or any other state or federal regulatory or administrative agency
___ yes ___ no (If yes, please submit explanatory documentation.)

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 the postmarked date of the dismissal notice to appeal the dismissal to the Board of Directors.

COMPLAINANT (S): EMAIL ADDRESS: _____

Type or print

Signature

Address

City

State

Zip

Phone

Type or print

Signature

Address

City

State

Zip

Phone