

West Michigan Lakeshore Association of REALTORS®
12916 168th Ave. Grand Haven, MI 49417
(616) 846-6240/800-611-7300
Fax: (616) 846-5155/877-776-5155

ETHICS COMPLAINT FORM

To the Grievance Committee of the **West Michigan Lakeshore Association of REALTORS®**.

Date Filed _____

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, Sections 1 & 2 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 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 the dismissal notice to appeal the dismissal to the Board of Directors.

Complainant(s):

Type/Print Name Phone-*required*

Signature (**must be ink signed**)

Type/Print Name Phone-*required*

Signature (**must be ink signed**)

Type/Print Name Phone-*required*

Signature (**must be ink signed**)

Address- required