

ETHICS COMPLAINT
Form E-1

To the Grievance Committee of Central Mississippi REALTORS®

Date Filed _____

COMPLAINT(S)

RESPONDENT(S)

Complainant(s) charge(s):

An alleged violation of **Article(s)** _____ of the Code of Ethics.

The above alleged charge(s) is/are supported by the **attached typed statement**, which is signed and dated by the complainant and which explains when the alleged violation(s) occurred and, if a different date, when the complainant(s) first knew about the alleged violation(s). **Standards of Practice** may be used in the statement as demonstrations of the alleged violation(s) if applicable.

This complaint is true and correct to the best knowledge and believe of the undersigned and is filed within 180 days after the facts constituting the matter complained of could have been known in the exercise of reasonable diligence or within 180 days after the conclusion of the transaction, or event, whichever is later.

Date(s) alleged violation took place: _____.

Date(s) you became aware of the facts on which the alleged violation(s) is/are based: _____.

I (we) declare that to the best of my/our knowledge and belief, the allegations in this complaint are true.

Are their circumstances giving rise to this ethics complaint involved in civil or criminal litigation or in any proceeding before the Mississippi Real Estate Commission or any other state or federal regulatory agency? Yes. No

You may file an ethics complaint in any jurisdiction where the REALTOR® is a member or MLS participant except that the Code of Ethics, Standard of Practice 14-1 provides that "REALTORS® shall not be subject to disciplinary proceeding in more than one Association of REALTORS® with respect to alleged violation 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 in another Association of REALTORS(s)? Yes. No . If so, name the Association:

_____ Date filed: _____

I understand that should the Grievance Committee dismiss the ethics complaint in part or in total, that I have 20 days from the transmittal of the dismissal to appeal to the CMR Board of Directors.

Complainant(s):

Type/Print Name

Signature

Cell phone: _____

Email address: _____

Type/Print Name

Signature

Cell phone: _____

Email Address: _____