



SOUTHLAND REGIONAL
ASSOCIATION OF REALTORS, INC.

COMPLAINT FORM

For Office Use Only

Date Rec'd: _____ File #: _____

Language: _____

Page _____ of _____ Date _____

To: The Grievance Committee of the Southland Regional Association of REALTORS®
7232 Balboa Boulevard, Van Nuys, CA 91406 (818) 786-2110 Attn: Professional Standards Administration

Instructions: (Please type or print all information.)

SRAR will only process complaints against members of this association. We do not handle complaints against non-members. You must sign the complaint form in order for it to be processed.

1 Complainant Information

(1) Print Name		Occupation
Address (Street, City, State, and Zip Code)		Is Address a Business? <input type="checkbox"/> or Residence? <input type="checkbox"/>
Email Address	Business/Cell Phone Number	Residence Phone Number
(2) Print Name		Occupation
Address (Street, City, State, and Zip Code)		Is Address a Business? <input type="checkbox"/> or Residence? <input type="checkbox"/>
Email Address	Business/Cell Phone Number	Residence Phone Number

2 Respondent Information

I wish to make a complaint against the following member(s):

(1) Name	Name of Office Affiliated with
Address of Office (Street, City, State, and Zip Code)	
(2) Name	Name of Office Affiliated with
Address of Office (Street, City, State, and Zip Code)	
(3) Name	Name of Office Affiliated with
Address of Office (Street, City, State, and Zip Code)	

3 Description of Complaint

Date(s) of Transaction:	Address of Property Involved:
Are you willing to appear and testify concerning the allegations made in this complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If NO, why?	
Have you contacted the Respondent(s) regarding your complaint? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you contacted the Manager or Broker regarding your complaint? No <input type="checkbox"/> Yes <input type="checkbox"/> (If YES, list the name(s) of person(s) contacted below)	
(1)	(2)
(3)	
Were there any witnesses to the described transaction? No <input type="checkbox"/> Yes <input type="checkbox"/> (If YES, list the name(s) of witness(es) below)	
Are they willing to appear? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are they willing to appear? Yes <input type="checkbox"/> No <input type="checkbox"/>
(1)	(2)
(3)	

Copies of the following documents, as checked below, are attached to, incorporated and made a part of this complaint:

Type of Document	Attached	Unavailable	Type of Document	Attached	Unavailable
Listing Agreement	<input type="checkbox"/>	<input type="checkbox"/>	Escrow Instructions, Amendments and Closing Statement	<input type="checkbox"/>	<input type="checkbox"/>
Deposit Receipt (Offer)	<input type="checkbox"/>	<input type="checkbox"/>	Copies of all documents which relate to your complaint and which are not listed above	<input type="checkbox"/>	<input type="checkbox"/>
Cash Receipt(s)	<input type="checkbox"/>	<input type="checkbox"/>			

