

## EIHICS COMPLAINT FORM

- 1. Please download, fill, save and electronically submit this application to Kelley@slrealtors.com.
- 2. Once submitted, your complaint will be presented to the Grievance Committee of the Salt Lake Board of Realtors®.

2. Once submitted, your complaint will be presented to the direval	to committee of the oan Lake Board of Healtons.
STEP 1: PARTY INFORMATION	Filed:
To the Grievance Committee of the Salt Lake Board of REAL	TORS®:
I (COMPLAINANT),	
Print/Type Your Name	Your Company (if applicable)
hereby file an ethics complaint against:	
RESPONDENT(S):Print/Type YourName	
Print /Type Your Name	Yo ur C o mp a ny
Print /Type Your Name	Yo ur Company
STEP 2: SPEC IFY VIO LATED ARTICLES  Please read the enclosed Code of Ethics and list the Articles you fe	eel were violated in the space below.
I feel the RESPONDENTS violated Article(s)	3 4 5 6 7 8 9
10 11	12 13 14 15 16 17
STEP 3: ATTACH ADDITIONAL EVIDENCE Please ATTACH to this form any relevant additional facts to suppo	rt your claims above which could include:
Separate, typed explanation or timeline of events	
Documents supporting your claim including emails, contracts, te	ext messages, etc.
HEARING AGREEMENT	
If the Grievance Committee determines there is a possible violatic formal hearing before the Professional Standards Committee. Would	
Yes No No	
CIVIL LITIGATION / UTAH DIVISION OF REAL ESTATE / OTHER ASS	OCIATION OF REALTORS®
Are the circumstances giving rise to this ethics complaint involved i state real estate licensing authority or any other state or federal re Realtors®?	
Yes No No	

PLEASE INITIAL EACH BOX:			
	evance Committee dismiss this eth dismissal notice to appeal the dism	nics complaint in part or in total, that I have to missal to the Board of Directors.	wenty
		of the undersigned, and is filed within one hur led of could have been known in the exerci	
Under the penalties of perjury, I/N complaint are true.	we declare that to the best of my/or	ur knowledge and belief, my/our allegations i	in this
COMPLAINANT SIGNATURE:	Ple a se Type Your Name H	DATE:	
ADDITIONAL COMPLAINANT:		DATE:	
ADDITIONAL COMPLAINANT:		DATE:	
PRIMARY COMPLAINANT CONTACT INFO	PRMATION		
HOME ADDRESS:	City:	State: Zip	
PHONE 1:	Home Cell	Work Other	
PHONE 2:	Home Cell	Work Other	
EMAIL ADDRESS:	GENDE	R: Male Female	

Please be aware that in any ethics hearing, the ultimate burden of proof that the Code of Ethics was violated is at all times on the **COMPLAINANT**. "Clear, strong and convincing" shall be the standard of proof by which alleged violations of the Code of Ethics are determined.