



901 SMILE WAY, YORK, PA 17404 • 717.843.7891 / FAX 717.854.0720 / WWW.RAYAC.COM

ETHIC COMPLAINT

To the Grievance Committee of the REALTORS Association of York & Adams Counties, Inc.

_____	_____
_____	_____
_____	_____

Complainant (s)

Respondent (s)

Complainant charges: An alleged violation of Article(s) _____ of the Code of Ethics or other membership duty as set forth in the Bylaws of the Association and alleges that the above charge is 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 or within one hundred eighty (180) days after the conclusion of the transaction, whichever is later.

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
 Yes **No**
 or in any proceeding before the state real estate licensing authority **Yes** **No**
 or any other state or federal regulatory or administrative agency? **Yes** **No**
 or any mediation? **Yes** **No**

If yes, please provide detail (i.e. date filed, with what agency, docket numbers required for litigation)

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 yes, name of other Association(s): _____ Date 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 date of the dismissal to appeal the dismissal to the Board of Directors.

COMPLAINANT(S):

(Type/Print) (Signature)

(Type/Print) (Signature)

(Type/Print) (Signature)

ADDRESS*: _____

Note - Address is required and will be included in jointly addressed correspondence to the parties and counsel for the parties. You MUST notify the Association in writing if you do not wish your address published.*

DAYTIME PHONE NUMBER: _____

DATE: _____