

# OMBUDSMAN REQUEST FORM

**Date:**

**Section 1: Parties**

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Phone #: \_\_\_\_\_

Subject property (if any): \_\_\_\_\_

\_\_\_\_\_

REALTOR® #1 Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

REALTOR® #2 Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Section 2: Background**

Has a formal complaint been filed?                      Yes                      No

Please briefly state the concerns you would like to address with an ombudsperson:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_