

3615 Miller Road Wilmington, DE 19702 T · (302) 762-4800 | F · (302) 762-4840 www.nccbor.com

Form #E-1	Ethics Complaint
Filed:	
To the Grievance Committee of the	New Castle County Board of REALTORS® Board or State Association
Complainant(s)	Respondent(s)
Complainant(s) charge(s):	
An alleged violation of Article(s)	of the Code of Ethics or other membership duty as set forth in the bylaws
of the Board, in Article, Section	and alleges that the above charge(s) (is/are) supported by the
	by the complainant(s) and which explains when the alleged violation(s) occurred
	nowledge and belief of the undersigned and is filed within one hundred eighty (180) plained of could have been known in the exercise of reasonable diligence or within sion of the transaction, whichever is later.
Date(s) alleged violation(s) took place:	
Date(s) you became aware of the facts on which	the alleged violation(s) (is/are) based:
Date of the closing or conclusion of the transaction	on, if applicable:
(we) declare that to the best of my (our) knowled	dge and belief, my (our) allegations in this complaint are true.
Are the circumstances giving rise to this ethics co estate licensing authority or any other state or fed □Yes □No	omplaint involved in civil or criminal litigation or in any proceeding before the state real deral regulatory or administrative agency?
Code of Ethics, Standard of Practice 14-1 provide	on where a REALTOR® is a member or MLS participant. Note that the REALTORS® es, in relevant part, "REALTORS® shall not be subject to disciplinary proceeding in more 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 o ⊒Yes □No	or related complaint with another Association(s) of REALTORS® ?
If so, name of other Association(s): understand that should the Grievance Commit transmittal of the dismissal notice to appeal the d	Date(s) filed: tee dismiss this ethics complaint in part or in total, that I have twenty (20) days from my lismissal to the Board of Directors.
Complainant(s):	
Type/Print Name	Signature
Type/Print Name	Signature

Address

Email

Phone