ANONYMOUS COMPLAINT QUESTIONNAIRE PACIFIC WEST ASSOCIATION OF REALTORS®

	For Association Use Only				
	Case No				
	Date Received:, 20				
	SPONDENT(S):	(2)			
` ' -					
Firm			Firm		
Street	Address		Street Address		
City, State, Zip			City, State, Zip		
Hov	losed. The Subcommittee will attempt vever, anonymity is not guaranteed. T atify is discovered. The Reporting Par m.	The Repo	rting Party will not b	e informed if t	heir
Rep	orting Party wishes to be anonymous	?		□ Yes	□ No
Is the Reporting Party a member of this Asso			n?	□ Yes	□ No
Is the Reporting Party a REALTOR®?				□ Yes	\square No
Is the Reporting Party a member of another Association? If so, which Association?			iation?	□ Yes	□ No
	e Reporting Party a member of the pu	ablic?		□ Yes	□ No
Is this the first complaint the Reporting Party has filed?				□ Yes	□ No
	is the first anonymous complaint the			□ Yes	□ No
1.	Date of violation/incident:				
2.	Last date affirmed violation still e	xisted:			
3.	The named respondents are curren	nt REAL	TOR® members of the	ne Association	and/or
	participants/subscribers in the ML	S.			
	\Box Yes \Box N	0	□ Unknown		
4	Date of knowledge of alleged mise	conduct			

	Are the circumstances giving	Are the circumstances giving rise to this complaint, or the respondents in this						
	case, involved in a civil or criminal proceeding or in any proceeding before a							
	government agency?							
	□ Yes	\square No	□ Unknown					
If you answered yes, please explain:								
	How does the Reporting Pa	rty know the	e respondent?					
How did the Reporting Party become aware of the circumstances which are being								
	reported?							
What are the circumstances which the Reporting Party is reporting?								
	Sources of Evidence: (List	or attach soi	urces which may contain information to)				
	substantiate this report and	l any docume	entary sources of information that will					
	support the allegations con	tained in this	is questionnaire.)					
	1)							
	2)							
	3)							

10.	Have you filed or do you plan to file a similar or related complaint with another					
	Association of REALTORS®?					
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $					
OPT	IONAL/FOR ASSOCIATION USE ONLY:					
Name	g:					
Comp	pany Name, if applicable					
Telep	phone Number:					
Emai	l address:					
May	we contact you for additional information and/or clarification of facts: ☐ Yes ☐ No					