REQUEST FOR REVIEW OF GRIEVANCE COMMITTEE'S DECISION

_____ ASSOCIATION OF REALTORS®

Case No. _____

_____ vs._____
Complainant(s) Respondent(s)

_____ vs._____
Complainant(s) Respondent(s)

To the Board of Directors or appointed review Panel:

1. In the above referenced matter, the Grievance Committee decided to:

   ☐ Dismiss the complaint

   ☐ Delete Article(s) _____ of the Code of Ethics and/or Section(s) _____ of the MLS Rules and/or other membership duty (specify):
   _____
   _____
   ___

   ☐ Delete the following respondent(s) from the complaint:_____

2. I (we) feel the Grievance Committee erred in its decision as specified above. Accordingly, I request a review of the Grievance Committee's decision.

3. I understand that the Board of Directors or appointed review Panel will base their decision only on the documentation I submitted to the Grievance Committee with my complaint and any additional written statement I may wish to submit, explaining why I disagree with the Grievance Committee's decision. I also understand that I do not have the right to be present during the review. I further understand that a decision by the Board of Directors or review Panel to affirm the decision of the Grievance Committee is final.

Dated: _____ at _____, California.

_____	_____
Signature	Signature
_____	_____
Name (Type or Print)	Name (Type or Print)
_____	_____
Street Address	Street Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Phone	Phone

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