

**Form #E-1**

REALTORS® ASSOCIATION OF ST. LUCIE, INC.

**Board or State Association**

|                               |                |              |            |
|-------------------------------|----------------|--------------|------------|
| 6666 S. U.S. Hwy. 1, Suite #1 | Port St. Lucie | Florida      | 34952      |
| <b>Address</b>                | <b>City</b>    | <b>State</b> | <b>Zip</b> |

**Ethics Complaint**

|                                   |  |
|-----------------------------------|--|
| To the Grievance Committee of the | REALTORS® ASSOCIATION OF ST. LUCIE, INC. |
|                                   | <b>Board or State Association</b>        |

Filed \_\_\_\_\_, 20\_\_\_\_

|                       |                      |
|-----------------------|----------------------|
|                       |                      |
| <b>Complainant(s)</b> | <b>Respondent(s)</b> |

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 VI, 2-3 (Article, Section) and alleges that the above charge(s) (is/are) 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.

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 or in any proceeding before the state real estate licensing authority or any other state or federal regulatory or administrative agency?

Yes     No

I understand that should the Grievance Committee dismiss this ethics complaint in part or in total, that I have twenty (20) days from my receipt of the dismissal notice to appeal the dismissal to the Board of Directors.

**Complainant(s):**

|                        |              |                  |
|------------------------|--------------|------------------|
|                        |              |                  |
| <b>Type/Print Name</b> | <b>Phone</b> | <b>Signature</b> |
| <b>Address</b>         |              |                  |