Form	#E-1
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SOUT	THERN ADIRONDACK REALTO Board or State Association	DRS, INC.	
296 BAY ROAD	QUEENSBURY	NY	12804
Address	City	State	Zip
	<b>Ethics</b> Complaint		
To the Grievance Committee of the			
		l or State Association	
□Filed: 20			
Complainant(s)		Respondent(s)	
Complainant(s) charge(s):			
An alleged violation of Article(s)	of the Code of Ethics or oth	ner membership duty as set fort	h in the bylaws
of the Board in	and alleges that t	d alleges that the above charge(s) (is/are) supported by the	
attached statement, which is signed and da occurred and, if a different date,			
This complaint is true and correct to the best			
(180) days after the facts constituting the			
diligence or within one hundred eighty (180)	days after the conclusion of the t	ransaction, whichever is later.	
Date(s) alleged violation(s) took place:			
Date(s) you became aware of the facts on wh	ich the alleged violation(s) (is/are	e) based:	
I (we) declare that to the best of my (our) kno	wledge and belief, my (our) alle	gations in this complaint are tru	ıe.
Are the circumstances giving rise to this ethi			roceeding before
the state real estate licensing authority or any	other state or federal regulatory	or administrative agency?	
TYes <b>N</b> o			
You may file an ethics complaint in any jur	isdiction where a REALTOR <sup>®</sup> is	s a member or MLS participar	nt. Note that the
REALTORS <sup>®</sup> Code of Ethics, Standard of I	Practice 14-1 provides, in releva	ant part, "REALTORS <sup>®</sup> shall	not be subject to
disciplinary proceeding in more than one Boa relating to the same transaction or event."	ard of REALTORS <sup>®</sup> with res	spect to alleged violations of the	ne Code of Ethics
Have you filed, or do you intend to file, a sim	ular or related complaint with an	other Association(s) of REALT	TORS <sup>®</sup> ?
Tyes INo			
If so, name of other Association(s):		Date(s) filed:	
I understand that should the Grievance Com		laint in part or in total, that I	have twenty (20
days from my transmittal of the dismissal not	ice to appeal the dismissal to the	Board of Directors.	
Complainant(s):			
Type/Print Name		Signature	
Type/Print Name		Signature	
1 Jow 1 million		orgnature	
	Address		
Phone		Email	