Form #E-1			
	D BOARD OF RE	ALTORS, IN	IC.
	oard or State Association	NI X71-	10214
1150 South Avenue, Suite 303,	Staten Island,	New York	10314
Address	City	State	Zip
Et	hics Complaint		
	AND BOARD OF REAL	TORS (SIBOR)	
Во	pard or State Association		
	Filed		, 2020
Complainant(s)		Respondent(s)	
Complainant(s) charge(s):			
An alleged violation of Article(s): other membership duty as set forth in the bylaws of the Bo	oard in VII		of the Code of Ethics and/or
other membership duty as set forth in the bylaws of the Bo	and alleges that the above charge(s) Section		
(is/are) supported by the attached statement, which is sig			ich explains when the alleged
violation(s) occurred and, if a different date, when the com-			
This complaint is true and correct to the best knowledge	and belief of the undersig	ned and is filed w	ithin one hundred eighty (180)
days after the facts constituting the matter complained of	could have been known in t	the exercise of reas	
hundred eighty (180) days after the conclusion of the trans	saction, or event, whichever	r is later.	
Date(s) alleged violation(s) took place:			
Date(s) you became aware of the facts on which the alleg	ged violation(s) (is/are) base	ed <mark>:</mark>	
I (we) declare that to the best of my (our) knowledge and $\boldsymbol{b}$	pelief, my (our) allegations i	in this complaint a	re true.
Are the circumstances giving rise to this ethics complains state real estate licensing authority or any other state or			in any proceeding before the
Yes No			
You may file an ethics complaint in any jurisdiction where			
of Ethics, Standard of Practice 14-1 provides, in relevant p one Board of RealtoRs <sup>®</sup> with respect to alleged violati			• •
		•	
Have you filed, or do you intend to file, a similar or related	i complaint with another A	ssociation(s) of Ke	altoRs®!
Yes No			
If so, name of other Association(s):		Date(s) filed <mark>:</mark> _	
I understand that should the Grievance Committee di from transmittal of the dismissal notice to appeal the dis			al, that I have twenty (20) day
	Complainant(s):		
Type/Print Name		Signat	ture
Type/Print Name		Signati	ure
V K ***		~-0-1	
	Address		_
Phone		Ema	il