

REQUEST FOR OMBUDSMAN SERVICE

Date: _____

Name of Complainant: _____

Firm (if any): _____

Address: _____

Phone Number: _____

Best time to contact you: _____

Role in Transaction (buyer, seller, agent, broker): _____

Subject property (if any): _____

Name of Respondent: _____

Firm: _____

Address: _____

Phone: _____

Role in Transaction (listing agent, selling agent, broker): _____

What issue would you like the Ombudsman to resolve? (Attach additional pages if needed) *

Submit to:

Professional Standards Administrator - Mid Jersey Association of REALTORS®

14 Old Bridge Turnpike, NJ 08882 - Email: Prostandards@midjerseyaor.com or Fax: (732) 442-7323

*All information on this form is confidential. The Mid Jersey Association of REALTORS® will destroy this form and any other documents and materials pertaining to this matter at the conclusion of the ombudsman services.

Headquarters

14 Old Bridge Turnpike
South River, NJ 08882

P: 732-442-3400 | F: 732-442-7323

www.MidJerseyAOR.com

Satellite Location

3461 US Highway 22 East, Building B
Hunterdon Somerset Professional Park
Branchburg, NJ 08876

P: 908-725-3117 | F: 908-725-2466