

PROFESSIONAL STANDARDS OMBUDSMAN REQUEST



ARIZONA
association of
REALTORS®
REAL SOLUTIONS. REALTOR® SUCCESS.

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1. PARTIES

1a. YOUR NAME: _____ ROLE IN THE TRANSACTION: _____
(Buyer, Seller, Landlord, Tenant, Broker, Agent)

1b. YOUR MAILING ADDRESS: _____

1c. YOUR CONTACT INFORMATION: ☎ _____ ☒ _____
(Telephone) (Fax) (Email)

1d. SUBJECT PROPERTY (If any): _____

1e. REALTOR® #1 NAME: _____ REALTOR® FIRM: _____

1f. REALTOR® #1 CONTACT INFORMATION: ☎ _____ ☒ _____
(Telephone) (Fax) (Email)

1g. REALTOR® #2 NAME: _____ REALTOR® FIRM: _____

1h. REALTOR® #2 CONTACT INFORMATION: ☎ _____ ☒ _____
(Telephone) (Fax) (Email)

2. BACKGROUND

2a. Has a formal complaint been filed? Yes No

2b. Please briefly state the concerns you would like to address with an Arizona Association of REALTORS® Ombudsman:

3. PERMISSION

3a. I hereby grant permission for an AAR Ombudsman to contact: REALTOR® #1 REALTOR® #2

3b. I do not grant permission for an AAR Ombudsman to contact: REALTOR® #1 REALTOR® #2

You may submit an Ombudsman Request by completing this form or by submitting an email including the same detail to : omb@aaronline.com

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