



**Supporting Documentation enclosed relating to this Arbitration:**

(i.e. Purchase Agreement, Closing Statement, Any Written Correspondence to support the facts)  
(Please attach additional pages if needed)

- 1. Purchase Agreement
- 2. Closing Statement
- 3. Written Correspondence to support the request
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

By signature below, the Complainant agrees to participate in the MiRealSource Disciplinary Procedure, acknowledges and agrees that the MiRealSource Disciplinary Procedure shall be conclusive of the subject matter of this complaint, and agrees to refrain from filing a complaint based on the same subject matter of this complaint with any body, including but not necessarily limited to, a Board/Association of Realtors, or MAR, that might otherwise have jurisdiction over this Complaint, either during or after the conclusion of this Disciplinary proceeding.

Further, the Complainant hereby certifies that no other such body has previously presided over any proceeding involving the subject matter of this Complaint.

The Complainant agrees that in the event of a violation of either of the above, the violating party shall be subject to a fine equal to the greater of the amount in dispute or \$5,000, provided, however, that such violation may be cured by withdrawing the second complaint.

Failure of a party to abide by the final result of this complaint shall result in that party not being in good standing with MiRealSource and subject to termination of service.

SIGNATURE OF COMPLAINANT \_\_\_\_\_  
(Broker-Owner)

Complainant Initial Filing Fee of \$100 paid	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	# _____	Bill Office <input type="checkbox"/>
Additional Filing Fee of \$200/ if SC Finds Sufficient Grounds	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	# _____	Bill Office <input type="checkbox"/>
Visa / MasterCard / Discover # _____				
Expiration _____ (3 Digits /Back of Card) _____				

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**Screening Committee Action:**

- 1. To be forwarded to Disciplinary Hearing Panel for further action. (Screening Committee to attach a copy of its findings).
- 2. No grounds for further action (subject to appeal).
- 3. Incomplete Request to be referred back to Complainant for additional information (New time frame begins).

If #1 above **is checked**, Respondent **must** complete the **Response to Arbitration Request** (Page 3 and 4).

SIGNATURE OF SCREENING COMMITTEE CHAIRPERSON \_\_\_\_\_  
(Chairperson)



**Supporting Documentation Enclosed Relating to the Claim:**

(i.e. Purchase Agreement, Closing Statement, Any Written Correspondence to support the facts)  
(Please attach additional pages if needed)

- 1. Purchase Agreement
- 2. Closing Statement
- 3. Written Correspondence to support the Request for Arbitration
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Respondent's Statement**

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By signature below, the Respondent agrees to participate in the MiRealSource Disciplinary Procedure, acknowledges and agrees that the MiRealSource Disciplinary Procedure shall be conclusive of the subject matter of this complaint, and agrees to refrain from filing a complaint based on the same subject matter of this complaint with any body, including but not necessarily limited to, a Board/Association of Realtors, or MAR, that might otherwise have jurisdiction over this Complaint, either during or after the conclusion of this Disciplinary proceeding.

Further, the Respondent hereby certifies that no other such body has previously presided over any proceeding involving the subject matter of this Complaint.

The Respondent agrees that in the event of a violation of either of the above, the violating party shall be subject to a fine equal to the greater of the amount in dispute or \$5,000, provided, however, that such violation may be cured by withdrawing the second complaint.

Failure of a party to abide by the final result of this complaint shall result in that party not being in good standing with MiRealSource and subject to termination of service.

SIGNATURE OF  
RESPONDENT: \_\_\_\_\_  
**(BROKER-OWNER)**

Response Fee of \$300 paid <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> # _____    Bill Office <input type="checkbox"/> Visa / MasterCard / Discover # _____ (3 Digits /Back of Card) _____ Expiration _____
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