

Eastern Connecticut Association of REALTORS®
Ombudsman Request

Date: _____

Name of Complainant: _____

Firm (if any): _____

Address: _____

Preferred Phone for contact: _____

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 form in necessary)

Return to: Eastern Connecticut Association of REALTORS®, 106 Route 32, North Franklin, CT 06254 or Fax to (860) 892-2599 or email to : Susy Hurlbert [Susy@easterncrealtors.com]

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