



REQUEST FOR OMBUDSMAN SERVICE

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 information if necessary)*

Return to: Metro Centre Association of REALTORS®.

Mail: 14 Old Bridge Turnpike, South River, NJ 08882

Fax: (732) 442-7323

Email: nicole@metrocentrerealtors.com

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

