INTERBOARD ARBITRATION COMPLAINT
CALIFORNIA ASSOCIATION OF REALTORS®

1. I (we), the undersigned, by separate agreement or becoming and remaining a member of the local board or association of REALTORS® listed below, have previously consented to Interboard Arbitration through C.A.R. As such, I (we) agree to binding arbitration within the meaning of Part 3, Title 9 of the California Code of Civil Procedure using C.A.R.'s facilities and the *California Interboard Arbitration Rules.*

COMPLAINANT(S):

(1) COMPLAINANT FIRM

Name of Firm

Firm Street Address

City, State, Zip

Phone Email

(2) RESPONSIBLE BROKER - COMPLAINANT

Signature

Printed Name of Complainant Broker / DRE Number

Street Address

City, State, Zip

Phone Email

Association

Firm (if different from Box 1)

(3) OTHER COMPLAINANT

Signature

Printed Name of Complainant / DRE Number

Street Address

City, State, Zip

Phone Email

Association

Firm (if different from Box 1)

(4) OTHER COMPLAINANT

Signature

Printed Name of Complainant / DRE Number

Street Address

City, State, Zip

Phone Email

Association

Firm (if different from Box 1)

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2. A dispute arising from the real estate business has arisen between me (us) and the respondents listed below. *Indicate below all persons you wish to name as respondents to this complaint. If you want to name a corporate entity as a respondent, you must identify the corporation's legal name as a separately named respondent.*

3. Each person / firm listed below was a REALTOR®/REALTOR-ASSOCIATE® Member of the board(s)/association(s) of REALTORS® listed below at the time the facts and circumstances giving rise to this dispute occurred and was not a member of any board/association in which I (we) was a member at the time of this dispute. *Indicate below all boards and associations in which the respondent(s) holds or held primary and/or secondary membership at the time this dispute occurred.*

RESPONDENT(S):

(1) BROKERAGE FIRM

_____
Respondent Firm

_____
Street Address

_____
City, State, Zip

_____
Phone Email

(2) RESPONSIBLE BROKER - RESPONDENT

_____/_____
Name of Responsible Broker / DRE Number

_____
Street Address

_____
City, State, Zip

_____
Phone Email

_____
Association

_____
Name of Firm (if different from box 1)

(3) OTHER RESPONDENT

_____/_____
Name of Respondent / DRE Number

_____
Street Address

_____
City, State, Zip

_____
Phone Email

_____
Association

_____
Name of Firm (if different from box 1)

(4) OTHER RESPONDENT

_____/_____
Name of Respondent / DRE Number

_____
Street Address

_____
City, State, Zip

_____
Phone Email

_____
Association

_____
Name of Firm (if different from box 1)

4. The respondent(s) owes me (us) the sum of $_____. My claim is based upon the statement attached and marked Exhibit 1. Exhibit 1 is incorporated by reference and made part of this complaint.

5. **I understand that I may not file this complaint until after I have made a written demand to the named respondents for the money claimed, allowing reasonable time for a response. A copy of that written demand and respondents' response, if any, are attached as Exhibit 2.**

6. **I have filed this arbitration complaint, meeting all filing requirements, within one hundred and eighty (180) calendar days after the closing of the transaction, if any, or after the facts and circumstances constituting this arbitrable matter could have been known in the exercise of my reasonable diligence, whichever is later**.

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7. I (we) agree to abide by the arbitration award and to comply with it promptly. **In the event I (we) and/or my (our) firm does not comply with the arbitration award and it is necessary for any party to this arbitration to obtain judicial confirmation and enforcement of the arbitration award against me (us) or my (our) firm, I (we) and my (our) firm agree to pay the party obtaining such confirmation their costs and reasonable attorney's fees incurred in obtaining such confirmation and enforcement. I also understand that if I do not comply with the arbitration award, I may be disciplined by the Association following a "show cause" hearing pursuant to the arbitration enforcement policy.**

8. The responsible broker at the time this dispute occurred is a co-complainant and has signed this complaint.

9. If I (we) elect to be represented by legal counsel at the hearing, I (we) will give written notice of the name, address and phone number of my (our) attorney to all parties and C.A.R. as soon as possible but no less than fifteen (15) calendar days before the hearing.

10. I (we) understand that there will be a recording of the arbitration hearing. I (we) understand that there will be a court reporter if any party arranges for and pays for one. I (we) understand that each party is responsible for arranging the presence of their witnesses at the hearing. I (we) further understand that I (we) have an obligation to maintain and protect the confidentiality of the proceedings.

11. Please initial and complete, if applicable:

____ I (we) will be represented by the following attorney:

Name of Attorney Street Address, City, State, Zip Code

Phone Number E-mail

Under the penalties of perjury, I (we) declare that this arbitration complaint and the allegations contained herein are true and correct to the best of my knowledge and belief.

Dated: _____ at _____, California.

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