

## MULTIPLE LISTING SERVICE OF L.I., INC.

300 Sunrise Highway, West Babylon, NY 11704 (631) 661-4800 Fax: (631) 661-4589 www.mlsli.com

TO: WHOM IT MANY CONCERN

FROM: The Procedures Committee Coordinator

**SUBJECT:** MLS Rules Complaint

Enclosed is an MLS Rules Complaint form which must be completed in its entirety, signed by the MLS Participant and returned to us along with a written statement and any supporting documentation in order for your complaint to be processed.

Rules Complaint Forms should be faxed to 631-661-4589, emailed to CustomerService@mlsli.com or mailed to 300 Sunrise Highway, West Babylon, NY 11704

You will be notified once your complaint is processed. The MLS is not empowered to award damages. Complaints may only be filed against another MLS Participant.

If you have any questions regarding our complaint Form or the procedures for filing, please call the Customer Service Department at 631-661-4800 x11.

Sincerely,

The Procedures Committee Coordinator

## Multiple Listing Service of Long Island, Inc. (MLSLI)

## **RULES COMPLAINT FORM**

You must complete all the blanks. Please print clearly.

ML# l	isting Property Address	
Section One: COMPLAINT (ML	S Participant Only)	
The Complainant alleges that Rules	(s) of th	e MLSLI Rules & Procedures has been violated.
Section Two: WRITTEN STATEMENT		
Attach a typed written or printed statement which explains in detail the facts which support a violation of the Rule(s) alleged in this Complaint.		
Section Three: PENALTIES		
If found in violation, Respondent may be reprimanded, required to take remedial courses, fined, or any combination of these. In special circumstances, a suspension or termination may also result.		
Section Four: COMPLAINTS FILED ELSEWHERE		
Are the circumstances giving rise to this Rules Complaint involved in any Ethics proceeding before the Long Island Board of Realtors, Inc. (LIBOR) Professional Standards Committee?		
Yes	No	
Section Five: STATEMENT OF TRUTH		
This Complaint is true and correct to the best knowledge and belief of the undersigned.		
Section Six: PARTIES		
COMPLAINAN		RESPONDENT(S) *
*Must be a Participan		*Must be Participant of MLSLI
Name of Participant Firm Name		Name of Participant Firm Name
Address		Address
7 1441 000		, 1441, 000

Daytime Phone

E-Mail

Daytime Phone

Signature of Complainant \_

E-Mail