



Professional Standards 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: South Dakota REALTORS® at address below or email to Michelle Kleven at mkleven@sdrealtor.org.

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



SD REALTORS®
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