## **PROFESSIONAL STANDARDS** REQUEST FOR ETHICS MEDIATION



The pre-printed portion of this form has been drafted by the Arizona Association of REALTORS®. No modifications are permitted and any changes will result in unenforceable terms not available for consideration by Professional Standards policy and procedures.





1. IN THE MATTER OF    Vs.   Respondent(s)]   (Respondent(s))			Case#:			
[Complainant(s)] [Respondent(s)]  I request ethics mediation involving the above-named case prior to a hearing of this matter by the Professional Standards Committee of the Arizona Association of REALTORS®. I understand that if an other party does not wish to attempt a mediation conference, the case shall be referred to the Professi Standards Committee for a hearing.  2. I ACKNOWLEDGE  2a. I petition mediation as the ☐ Complainant(s) ☐ Respondent(s)  1. Signature of Petitioner Date  2. Type / Print Name Telephone  3. Email  4. Address City State Zip  2b. I will accept mediation as the ☐ Complainant(s) ☐ Respondent(s)  5. Signature of Undersigned Date  6. Type / Print Name Telephone  7. Email  8.		1. IN THE MATTER OF				
I request ethics mediation involving the above-named case prior to a hearing of this matter by the Professional Standards Committee of the Arizona Association of REALTORS®. I understand that if an other party does not wish to attempt a mediation conference, the case shall be referred to the Professi Standards Committee for a hearing.  2. I ACKNOWLEDGE  2a. I petition mediation as the Complainant(s) Respondent(s)  1. Signature of Petitioner Date  2. Type / Print Name Telephone  3. Email  4. Address City State Zip  2b. I will accept mediation as the Complainant(s) Respondent(s)  5. Signature of Undersigned Date  6. Type / Print Name Telephone  7. Email  8.			vs			
I request ethics mediation involving the above-named case prior to a hearing of this matter by the Professional Standards Committee of the Arizona Association of REALTORS®. I understand that if an other party does not wish to attempt a mediation conference, the case shall be referred to the Professi Standards Committee for a hearing.  2. I ACKNOWLEDGE  2a. I petition mediation as the □ Complainant(s) □ Respondent(s)  1. □ Signature of Petitioner □ Date  2. □ Type / Print Name □ Telephone  3. □ Email  4. □ Address □ City □ State □ Zip  2b. I will accept mediation as the □ Complainant(s) □ Respondent(s)  5. □ Signature of Undersigned □ Date  6. □ Type / Print Name □ Telephone  7. □ Email  8. □ Email						
Professional Standards Committee of the Arizona Association of REALTORS®. I understand that if an other party does not wish to attempt a mediation conference, the case shall be referred to the Professi Standards Committee for a hearing.  2. I ACKNOWLEDGE  2a. I petition mediation as the Complainant(s) Respondent(s)  1. Signature of Petitioner Date  2. Type / Print Name Telephone  3. Email  4. Address City State Zip  2b. I will accept mediation as the Complainant(s) Respondent(s)  5. Signature of Undersigned Date  6. Type / Print Name Telephone  7. Email  8. Email	[Complainant(s)]			[Respondent(s)]		
2a. I petition mediation as the Complainant(s) Respondent(s)  1. Signature of Petitioner Date  2. Type / Print Name Telephone  3. Email  4. Address City State Zip  2b. I will accept mediation as the Complainant(s) Respondent(s)  5. Signature of Undersigned Date  6. Type / Print Name Telephone  7. Email	Professiother pa	ional Standards Committee of the Arizona Aarty does not wish to attempt a mediation co	Association of REALTORS	s <sup>®</sup> . I understan	d that if any	
1.         Signature of Petitioner         Date           2.         Type / Print Name         Telephone           3.         Email           4.         Address         City         State         Zip           2b. I will accept mediation as the	2	2. I ACKNOWLEDGE				
2	-					
Type / Print Name   Telephone		Signature of Petitioner		Date	_	
3. Email  4. Address City State Zip  2b. I will accept mediation as the Complainant(s) Respondent(s)  5. Signature of Undersigned Date  6. Type / Print Name Telephone  7. Email	2.					
Email				Telephon	е	
Address  City  State  Zip  2b. I will accept mediation as the  Complainant(s)  Respondent(s)  Signature of Undersigned  Date  6.  Type / Print Name  Telephone  7.  Email	3.	Email				
2b. I will accept mediation as the Complainant(s) Respondent(s)  5. Signature of Undersigned Date  6. Type / Print Name Telephone  7. Email	4.					
5.     Signature of Undersigned     Date       6.     Type / Print Name     Telephone       7.     Email       8.		Address	City	State	Zip	
Signature of Undersigned Date  6.  Type / Print Name Telephone  7.  Email  8.			• • • • •			
Type / Print Name  7.  Email  8.	5.	Signature of Undersigned		Date		
Type / Print Name  7.  Email  8.	6.					
Email 8.		Type / Print Name		Telephon	e	
8	7.					
		Email				
Address City State Zip	8.					
		Address	City	State	Zip	