



# Sworn Statement of Complaint

ND Real Estate Commission

SFN 12153 (5/11)

## STATE OF NORTH DAKOTA BEFORE THE NORTH DAKOTA REAL ESTATE COMMISSION

In the matter of

Respondent(s)

)  
)  
)  
)  
)  
)  
)

CASE NO. \_\_\_\_\_

VERIFIED COMPLAINT

Do Not Write Above This Line

### I. INSTRUCTIONS

Please type or print clearly in pen or ink. Complete all applicable sections of this form fully and accurately, to the best of your knowledge and information. Please note that the complaint must be signed before a notary public and that the statements made herein are, to the best of your knowledge and belief, made under oath and required to be accurate, true and correct, under penalty of perjury. You should provide all information which you know or can discover with reasonable investigation. If you need assistance to complete or submit this complaint, contact the North Dakota Real Estate Commission, Box 727, Bismarck, ND 58502, telephone no. (701) 328-9749.

### II. PRELIMINARY INFORMATION

The North Dakota Real Estate Commission regulates real estate licensees. The commission is not empowered to enforce, interpret, modify, rescind or cancel listing agreements, purchase and sale agreements or any other contract; or to order the return of earnest money, award damages, settle real estate commission fee disputes or otherwise settle claims. If a licensee is found by the commission to have violated the ethical standards established for North Dakota real estate brokers or salespersons, the commission has the authority to take disciplinary action against the offending licensee(s). The North Dakota Real Estate Commission does not provide private legal advice or services either to the public or to licensees.

### III. VERIFIED COMPLAINT

#### 1. INFORMATION ABOUT COMPLAINT(S)

Name(s):	FIRST	MIDDLE	LAST
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Resident Address

STREET ADDRESS	CITY	STATE	ZIP CODE
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Mailing (if different from above)

P.O. BOX	CITY	STATE	ZIP CODE
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Telephone Number

HOME	BUSINESS	EMAIL ADDRESS
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OCCUPATION(S)
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#### 2. INFORMATION ABOUT BROKER(S) AND/OR SALESPERSON(S) INVOLVED IN COMPLAINT

Name:	FIRST	LAST
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License type, if known (check one):  Broker  Associate Broker  Salesperson

FIRM NAME
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STREET ADDRESS	CITY	STATE	ZIP CODE
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TELEPHONE
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RESPONSIBLE BROKER, IF KNOWN:
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Name:

License type, if known (check one):  Broker  Associate Broker  Salesperson

### 3. GENERAL INFORMATION ABOUT COMPLAINT

1. Type of real estate transaction (check one)  
 Residential  Commercial  Bare Land  Industrial  Lease Option  Timeshare  Other (describe) \_\_\_\_\_

2.

3.

4. I  have  have not (check one) contracted the persons complained about and attempted to resolve this matter.

5. I  have  have not (check one) retained an attorney to assist in resolving this or a related matter.

Attorney's Name:

Attorney's Address:

Should we contact your attorney about this matter?  Yes  No (if you have answered "yes," please notify your attorney that you have done so.)

6. List the names of all other agencies and associations with whom you have or intend to file a complaint:

7. The complaint involves the same or related matters which are the subject of a civil lawsuit which (check one)  
 has been completed     has been filed in a court of law     is expected to be filed in a court of law     will not be filed in a court of law

8. Have other complaints about this or related matters been filed with the Commission? (check one)  
 Yes     No     Don't Know

If yes, give details:


9. On separate sheets of paper, detail in concise terms the facts giving rise to your complaint. It is important that you explain what occurred as completely as possible so that the commission and its representatives can have a full understanding of the nature of your complaint. Be specific as to date, times and places. Attach clear copies all ALL pertinent documents and papers which relate to the acts or occurrences complained of even though they may only indirectly relate to your complaint.

10. I  am     am not (check one) willing to appear under oath as a witness and be cross-examined concerning the allegations made in the complaint. If you are unwilling to testify, this may be the basis for the dismissal of the complaint by the commission after its investigation and preliminary consideration. If you are not willing to testify, state reasons.


11. Names and addresses of other witnesses that can testify as to the facts set forth are:

FIRST NAME	LAST NAME		
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE			

What will be testified to


(Add more pages with above information for additional witnesses.)

12. A copy of your complaint will be served on the licensees being complained against, and complainant's are required to file an answer 20 days after service of complaint. If you would like a copy of the complainant's answer mailed to you, please check here

**IV. VERIFICATION OF COMPLAINT**

I (we), the Complainant(s), declare under oath that the above is true to the best of my (our) knowledge.

**Sign** \_\_\_\_\_  
**Here** (Signature of Applicant)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

Notary Public

My commission expires: \_\_\_\_\_

(AFFIX NOTARY SEAL)