

**ARBITRATION COMPLAINT  
ARCADIA ASSOCIATION OF REALTORS®**

1. A dispute arising from the real estate business has arisen between me (us) and the person(s) and/or entity(ies) named below (*Note: List all persons you wish to name as respondents. If you want to name a corporate entity as a respondent, you must indicate the corporation's legal name as a separately named respondent.*):

**RESPONDENT(S):**

(1) Name of Responsible Broker (Type or Print)	(2) Name of Agent (Type or Print)
Name of Firm	Name of Firm
DRE Number	DRE Number
Street Address	Street Address
City, State, Zip	City, State, Zip
(3) Name of Agent (Type or Print)	(4) Name of Agent (Type or Print)
Name of Firm	Name of Firm
DRE Number	DRE Number
Street Address	Street Address
City, State, Zip	City, State, Zip

2. The respondent(s) owes me the sum of \$\_\_\_\_\_. My claim is based upon the statement attached to this complaint, marked Exhibit "1", which is hereby incorporated by reference and made part of this complaint.
3. At the time the facts and circumstances giving rise to this dispute occurred, I am informed that each respondent was a:  
REALTOR®/REALTOR-ASSOCIATE® Member of the Association; and/or Participant/subscriber of the Association's MLS
4. This dispute is proper for arbitration at the Association as this is a real estate related dispute that arises out of our relationship as REALTORS®/REALTOR-ASSOCIATES® and/or arises from a listing filed with the Association's MLS.
5. I, by becoming and remaining a:  
REALTOR®/REALTOR-ASSOCIATE® Member of the Association; and/or Participant/subscriber of the Association's MLS have previously agreed to resolve this dispute with the named respondents through binding arbitration using the Association's facilities and its rules and procedures for arbitration. Accordingly, I submit this dispute to arbitration and reaffirm my agreement to bind myself and any firm for which I am the designated broker of record to be bound by arbitration through the Association. Furthermore, I reaffirm my agreement to abide by the Association's rules and procedures for arbitration and to comply with the arbitration award. I understand and agree that this constitutes an arbitration agreement within the meaning of Part 3 Title 9 of the California Code of Civil Procedure. **In the event I or my 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 an arbitration award against me or my firm, I and my firm agree to pay the party obtaining such confirmation their costs and reasonable attorneys' 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.**
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.
7. I understand there will be a mechanical tape recording of the arbitration hearing. I understand that I may purchase a copy of the tape recording solely for the purpose of requesting a procedural review of the arbitration procedures and hearing by the Association's Board of Directors or an appointed review Panel thereof.
8. I understand that I may be represented by legal counsel at any time, including at the arbitration hearing and any procedural review. I further understand and agree that if I intend to have legal representation, I must give written notice of my legal representative's name,

law firm name, address and phone number to all parties and the hearing and/or review Panel at least fifteen (15) calendar days before the scheduled date of the hearing. I understand and agree that failure to comply with this notice requirement may result in a continuance being granted and a continuance fee assessed against me.

- 9. I understand that the nature of these proceedings are confidential and that I have an obligation to maintain and protect the confidentiality of these proceedings and any resulting decision. I hereby agree to do so unless disclosure is authorized by the Association's rules and procedures or required by law.
- 10. Unless this dispute is between members of the same office, the responsible broker at the time the facts and circumstances giving rise to this dispute occurred must sign as a co-complainant and has signed this complaint.
- 11. I hereby affirm that the facts and circumstances and the parties in this matter are not related to any pending bankruptcy, civil litigation matter or criminal investigation, including a proceeding before a governmental regulatory agency. If I am unable to make this affirmation, I have attached a written statement describing the pending matter on a separate sheet of paper and have included it with this complaint.
- 12. I have enclosed my payment in the sum of \$500.00 for the arbitration filing fee with this complaint.
- 13. I will be represented by an attorney, whose name, address, telephone number, and email address are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 14. Under the penalties of perjury, I declare that this arbitration complaint and the statements contained herein are true and correct to the best of my knowledge and belief.

Dated: \_\_\_\_\_

**COMPLAINANT(S):**

(1)  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name of Responsible Broker (Type or Print)  
\_\_\_\_\_  
DRE Number  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone                      Email

(2)  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name of Agent (Type or Print)  
\_\_\_\_\_  
DRE Number  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone                      Email

(3)  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name of Agent (Type or Print)  
\_\_\_\_\_  
DRE Number  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone                      Email

(4)  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name of Agent (Type or Print)  
\_\_\_\_\_  
DRE Number  
\_\_\_\_\_  
Firm  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip  
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Phone                      Email