



Ombudsman Services Request Form

Name of Complainant: _____

Firm: _____

Address: _____

Phone: _____ E-mail: _____

Role in Transaction (buyer, seller, agent, broker):

Name of Respondent: _____

Firm: _____

Address: _____

Phone: _____ E-mail: _____

Role in Transaction (listing agent, selling agent, broker):

What issue would you like the Ombudsman to resolve? (Attach additional form if necessary.)

Return to: Greater Harrisburg Association of REALTORS®, 424 N. Enola Dr., Enola, PA 17025, Attn: Kim Tauriello. Form can be e-mailed to kim@ghar.realtor.

All information on this form is confidential. The Greater Harrisburg Association of REALTORS® will destroy this form and any other documents and materials pertaining to this matter at the conclusion of the Ombudsman Services.