



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 also be faxed to: (717) 364-3206 or e-mailed to kim@ghar.info.

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.