REAL ESTATE BOARD

COMPLAINT FORM

- Read all instructions before completing this form.
- Type or print clearly in black or blue ink.
- Mail or hand deliver completed form and attachments to the Real Estate Board.

DATE RECEIVED BY REB

INFORMATION ABOUT YOU

NAME (ENTER FULL NAME)

RESIDENCE ADDRESS

BUSINESS ADDRESS

OCCUPATION	BUSINESS TELEPHONE NO. (INCLUDE AREA CODE)	RESIDENCE TELEPHONE NO. (INCLUDE AREA CODE)
CELL PHONE NO.(INCLUDE AREA CODE)	EMAIL ADRESS	

NAME OF ANY OTHER PARTY CONCERNED WITH COMPLAINT	PARTY PHONE NO. (INCLUDE AREA CODE)

INFORMATION ABOUT PERSON/COMPANY YOU ARE COMPLAINING AGAINST

1. FULL NAME OF BUSINESS, COMPANY, FIRM	LICENCE NUMBER / REGISTRATION NUMBER
BUSINESS ADDRESS	BUSINESS TELEPHONE NO.(INCLUDE AREA CODE)

2. FULL NAME OF DEFENDANT	EMPLOYED BY
FULL NAME OF SECOND DEFENDANT, IF ANY	EMPLOYED BY

3. DATE(S) OF TRANSACTION	PLACE(S) WHERE TRANSACTION(S) OCCURED

ADDRESS OF PROPERTY INVOLVED

4. HAVE YOU CONTACTED THE DEALER / DEVELOPER / AGENCY REGARDING YOUR COMPLAINT?
☐ NO ☐ YES IF YES, COMPLETE THE FOLLOWING.

DATE(S) OF CONTACT	PERSON(S)CONTACTED

RESULTS OF CONTACT

HAVE YOU FILED THIS COMPLAINT WITH THE POLICE OR ANY OTHER AGENCY?
☐ NO ☐ YES IF YES, COMPLETE THE FOLLOWING.

NAME OF AGENCY	ADDRESS OF AGENCY

RESULTS OF THAT COMPLAINT

HAVE YOU RETAINED AN ATTORNEY TO ASSIST IN RESOLVING THIS MATTER?
☐ NO ☐ YES IF YES, COMPLETE THE FOLLOWING.

NAME OF ATTORNEY	BUSINESS TELEPHONE NO.
ADDRESS OF ATTORNEY	
MAY WE CONTACT YOUR ATTORNEY WITH REFERNCE TO THIS MATTER? ☐ NO ☐ YES	
7. IS THIS COMPLAINT INVOLVED IN A CIVIL ACTION (LAWSUIT) FILED OR PENDING IN ANY COURT? ☐ NO ☐ YES IF YES, COMPLETE THE FOLLOWING.	
NAME OF COURT	
ADDRESS OF COURT	
TYPE OF ACTION	CASE NUMBER

8. ARE YOU WILLING TO APPEAR AS A WITNESS, BE SWORN, TESTIFY AND CROSS-EXAMINED CONCERNING THE ALLEGATIONS MADE IN THIS COMPLAINT?
☐ NO ☐ YES IF NO, LIST REASONS BELOW.

9. WERE THERE ANY WITNESSES TO THE DESCRIBED TRANSACTIONS?
☐ NO ☐ YES IF YES, COMPLETE THE FOLLOWING AND DESCRIBE IN ITEM #11 WHAT THEY SPECIFICALLY WITNESSED.

FULL NAME OF WITNESS #1

RESIDENCE ADDRESS

YOUR RELATIONSHIP TO THE WITNESS	BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)	RESIDENCE TELEPHONE NUMBER (INCLUDE AREA CODE)

FULL NAME OF WITNESS #2

RESIDENCE ADDRESS

YOUR RELATIONSHIP TO THE WITNESS	BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)	RESIDENCE TELEPHONE NUMBER (INCLUDE AREA CODE)

FULL NAME OF WITNESS #2

RESIDENCE ADDRESS

YOUR RELATIONSHIP TO THE WITNESS	BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)	RESIDENCE TELEPHONE NUMBER (INCLUDE AREA CODE)

10. INDICATE WHICH OF THE FOLLOWING DOCUMENTS ARE ATTACHED, INCORPORATED AND MADE PART OF THIS COMPLAINT.

ATTACHED	NOT AVAILABLE	TYPE OF DOCUMENT
☐	☐	LIST ING AGREEMENT
☐	☐	DEPOSIT RECEIPT (OFFER)
☐	☐	CANCELLED CHEQUE(S)
☐	☐	SALES AGREEMENT

COPIES OF ALL DOCUMENTS WHICH RELATE TO YOUR COMPLAINT AND WHICH ARE NOT LISTED ABOVE.

11. IN THE FORM OF A BRIEF STATEMENT, GIVE THE FULL DETAILS OF YOUR COMPLAIN BELOW.

INCLUDE FULL NAMES OF INDIVIDUALS, INCLUDING ALL WITNESSES PRESENT DURING THE TRANSACTION(S). BE FACTUAL. TRY TO ANSWER THE QUESTIONS WHO, WHAT, WHERE AND WHEN. ATTACH EXTRA SHEETS IF MORE ROOM IS NEEDED.

THIS STATEMENT CONSISTING OF ( ) PAGES, EACH SIGNED BY ME, IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I MAKE IT KNOWNING THAT I WILL BE LIABLE FOR PROSECUTION IF I WILLFULLY STATED IN IT, ANYTHING I KNOW TO BE FALSE OR DO NOT BELIEVE TO BE TRUE.

SIGNATURE OF COMPLAINANT DATE