

OMBUDSMAN HELP REQUEST FORM

Use this form if you would like to use the services of the Dayton Area Board of REALTORS® Ombudsman HELP Program in attempting to resolve a concern or issue, or to obtain a resolution of a situation, or to begin a dialogue with a REALTOR® about a disagreement, uncertainty, lack of communications or lack of response. You will be contact by the professional staff member of the Dayton Area Board of REALTORS® before any other communications occurs concerning this matter once this from is received at the Board.

Date: \_\_\_\_\_

Name of person requesting Ombudsman HELP \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

I am the  Buyer  Seller  Listing agent/ broker  Buyer’s agent/ broker

Other, please specify \_\_\_\_\_

Subject property (if applicable), \_\_\_\_\_

Name of REALTOR® involved \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

REALTOR’S® role in the transaction:  Listing agent/ broker  Buyer’s agent/ broker

What issue would you like the Ombudsman to resolve, attach additional information in necessary?

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

Signature

Date

Please return this completed form to: Email to: [ombudsmanhelp@dabr.com](mailto:ombudsmanhelp@dabr.com) Fax to: 937-223-1084

USPS mail:

Dayton Area Board of REALTORS®  
P.O. Box 111  
Dayton Ohio 45401

Deliver to:

Dayton Area Board of REALTORS®  
1515 S. Main Street  
Dayton, Ohio 45409

All information on this form is confidential. The Dayton Area Board of REALTORS® will destroy this form and any other documents and materials pertaining to this matter at the conclusion of the Ombudsman HELP Services.