



Ombudsman Request



Complainant: Individual(s) making this complaint
Respondent: Individual(s) the complaint is in regards to

Ombudsman Request:

Date: _____

Name of Complainant: _____

Firm (if any): _____

Address: _____

Preferred Phone for contact: _____

Best time to contact you: _____

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

Subject property (if any) _____

Name of Respondent: _____

Firm: _____

Address: _____

Phone: _____

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

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

Return to:

Nebraska REALTORS® Association
800 S. 13th St, Suite 200, Lincoln, NE 68508
OR Scan & Email to Talia Klepper at talia@nebraskarealtors.com Fax:
402-323-6501

* All information on this form is confidential. The Nebraska REALTORS® will destroy this form and any other documents and materials pertaining to this matter at the conclusion of the ombudsman services.