

Arbitration Claim

Commission/Fee Dispute

Instructions

The following report is to be completed and submitted to incidents@itsosystems.ca

- ✓ All claims must be filed no more than 180 days following the date upon which the circumstances giving rise to the claim arose
- ✓ The claim must include a detailed statement of all facts relied on to support the claim
- ✓ Any field that is not applicable in the form can be left blank or filled in with n/a
- ✓ All claim reports must be accompanied by a \$1000 filing fee that can be e-transferred to accounting@itsosystems.ca

Property and Commission/Fee Details

Property Address	
MLS® #	
Date of Conduct giving rise to claim	
Amount in dispute or basis amount is to be calculated	

Claimant

Full Name	
Login ID	
Brokerage Name	
REALTORS® Association(s)	
Email Address	
Direct Phone #	

Respondent

Full Name	
Brokerage Name	
Email Address	

Arbitration Claim

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Claim Details

Please describe all facts relied on to support the claim using additional pages if necessary

Supporting Documentation attached to this Claim

Document Name:

Document Name:

Document Name:

Document Name:

Document Name:

Arbitration Claim

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I confirm that the information in this Claim report is true to the best of my knowledge and I understand that a copy of this Claim report will be provided to the Respondent and may be provided to an ITSO Director for mediation, the Arbitration Committee, and the REALTORS® Association(s) that I and the Respondent belong to.

I acknowledge and agree to have this claim resolved following the ITSO Arbitration Policy, which forms a binding arbitration agreement between my brokerage and the Respondent. I agree to abide by the decisions of the arbitrators.

I understand that information in this Claim report and the supporting documents, as well as any additional information that ITSO collects during this process, may include personal information as defined in the Personal Information and Protection of Electronic Documents Act. I consent to the collection, use and disclosure of my personal information for ITSO to process this claim and take any other action that is deemed necessary for enforcement of the ITSO Arbitration Policy.

Signature

Signature	Date