

Form #A-20

Board or State Association

Address

City

State

Zip

**Appeal of Grievance Committee (or Hearing Panel) Dismissal or
Appeal of Classification of Arbitration Request**

In the case of _____ vs. _____
Complainant Respondent

Check the appropriate box. Note that the arbitration request and any attachments to the request cannot be revised, modified, or supplemented. Directors consider only the information and documents considered by the Grievance Committee (or Hearing Panel) with this form and explanation below.

I/we appeal the dismissal of the above-referenced arbitration request.

I/we appeal the classification of the above-referenced arbitration request.

Explanation of why complainant disagrees with the Grievance Committee's (or Hearing Panel's) dismissal of the arbitration request or classification of the request:

Appellant(s):

Signature of Appellant

Signature of Appellant

Name (Type/Print)

Name (Type/Print)

Street Address

Street Address

City State Zip Code

City State Zip Code

Phone

Phone

Dated

Dated