

Form #E-22

Board or State Association

Address

City

State

Zip

**Appeal of Grievance Committee (or Hearing Panel)*
Dismissal of Ethics Complaint**

In the case of _____ vs. _____
Complainant Respondent

Check the appropriate box. Note that the complaint and any attachments to the complaint 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 ethics complaint.
- I/we appeal the dismissal of Article(s) _____ from the above-referenced ethics complaint.

Explanation of why complainant disagrees with the Grievance Committee's (or Hearing Panel's) dismissal of complaint/Article(s):

Complainant(s):

| | |
|--|--|
| _____ Signature of Complainant | _____ Signature of Complainant |
| _____ Name (Type/Print) | _____ Name (Type/Print) |
| _____ Street Address | _____ Street Address |
| _____ City State Zip Code | _____ City State Zip Code |
| _____ Phone | _____ Phone |
| _____ Dated | _____ Dated |

* Hearing Panels that find a matter not timely filed should transmit their decision via correspondence (not Form #E11, Decision of Ethics Hearing Panel of the Professional Standards Committee). Appellants appealing a Hearing Panel's dismissal should use this form.