
Form #A-20

Board or State Association

Address

City

State

Zip

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

In the case of _____ vs. _____,
Complainant Respondent

Check the appropriate box. Note that no additional information may be added to this form or attached to it as the Directors consider only the information and documents considered by the Grievance Committee (or Hearing Panel) with this form.

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

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

(Revised 11/00)