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Board or State Association

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Address

City

State

Zip

**Grievance Committee Request for Information (Arbitration Request)**

To \_\_\_\_\_,

named by \_\_\_\_\_ as respondent.

Attached hereto is a copy of a request for arbitration which names you as respondent, as filed with this Board and referred to the Grievance Committee for review, in accordance with Section 47 of the Board's *Code of Ethics and Arbitration Manual*.

The Grievance Committee requests the respondent provide a written response to the Request for Arbitration within \_\_\_\_\_ days. If no response is filed within the time allotted, the Grievance Committee shall make its determination as to whether an arbitration hearing should be scheduled based upon the information set forth in the Request for Arbitration.

Respectfully submitted,

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Type/Print

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\_\_\_\_\_, Secretary  
Signature

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Board or State Association

Dated: \_\_\_\_\_, 20\_\_\_\_